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ABSTRACT

This Technical Committee Report begins by citing function as the key factor in the committee's view of quality of life and by examining four elements upon which function depends, i.e., satisfaction of basic physical needs, choice, freedom from undue stress, and the lack of a direct correlation between affluence and quality of life. Key issues and recommendations to improve the quality of life of older Americans are then enumerated. The remainder of this report addresses the areas which contribute to quality of life, including: (1) housing; (2) transportation; (3) crime against the elderly; (4) legal services; (5) arts and humanities; and (6) creative use of time. Discussions for each topic focus on the present situation, key issues, and committee policy recommendations; a bibliography is also provided for each topic. As an example of the format used for each topic, the section on housing examines the number of elderly, where they live, their status as home owners or renters, poverty, health, and the family. Suggestions to meet the housing demands of the elderly consider non-metropolitan housing programs, coordination of federal programs, funding, special architectural features, displacement, and housing choice. Findings, issues, and recommendations for each topic are provided in the executive summary of this report. (NRB)

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WHITE HOUSE CONFERENCE ON AGING, 1981

Physical & Social Environment and Quality of Life

Report and Executive Summary of the Technical Committee

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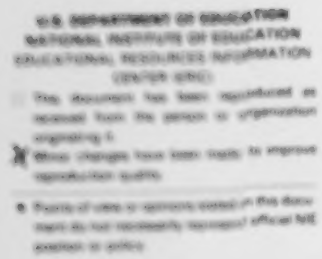
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the 1981
White House
Conference
on
Aging

Report of
Technical Committee
on the
PHYSICAL & SOCIAL ENVIRONMENT AND QUALITY OF LIFE

TCR-11

NOTE: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging, or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

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I. INTRODUCTION

The Technical Committee on Physical and Social Environment and the Quality of Life has a broad charge. The reason is that the factors governing quality of life are innumerable, subjective, and interdependent. The Committee has responded to its charge by first discussing in this report what "quality" is, by referencing pertinent recommendations in other Technical Committee reports, and by then addressing the topical areas assigned to it: housing, transportation, crime, legal services, arts and humanities, and creative use of time. In approaching its task, Committee members formed subcommittees to study the above topics and propose recommendations for consideration by the full Committee. They drew upon data and literature from both the public and private sectors: research findings, Congressional hearings and reports, demonstration results, and Federal program reports. In some cases, the members' concerns paralleled those of White House Conference on Aging mini-conferences. In developing recommendations in the above areas, the Committee measured each against five program-user criteria: access and availability, equity and equality, democratic participation, linkages with related programs and services, and quality of service. They also drew upon the work of consultants with expertise in programs for older persons. One had wide knowledge and experience with legislation and with the implementation and administration of such programs. One was a transportation specialist, another an expert on housing for the elderly. Two members of the White House Conference staff contributed subject area expertise, and the Conference statistical consultant provided data and guidance. The Committee also sought comments from a social gerontologist on its deliberations and recommendations.

The Committee members hope that the subject-area coverage of this report reflects the importance and interdependence of factors that contribute to a single over-arching goal: good quality of life for older Americans.

II. QUALITY OF LIFE

A. PRESENT SITUATION

What is "quality of life?" Why is it important in developing policies that affect older Americans?

Some who analyze and formulate public policy are dubious about defining and attempting to measure quality of life. They argue that defining it is a subjective process and that measuring it contributes little to the cost-effectiveness and efficiency evaluations used to justify public funding.

Others, more questing, have developed quality of life definitions and measures, the latter focusing on such factors as degree of well-being or life satisfaction and perceived quality.1/ 2/ 3/ The key factor in this Committee's view of quality of life is function: the personal capacity, with access to resources in the physical and social environment, for a person to make choices in support of his or her physical, intellectual, social, emotional, and spiritual well-being. Quality of life represents the intertwining of all of these aspects in a person's life. The variety and interdependence of influences upon quality of life are amply illustrated through references to the work of other White House Conference on Aging (WHCOA) Technical Committees that follow.

Function depends on several elements common to many definitions of quality of life: satisfaction of basic physical needs, choice, freedom from undue stress, and the lack of direct correlation between affluence and quality of life.4/ 5/ 6/

Concerning the first element, the person who has to struggle for food, shelter, or the means to preserve health has little or no "quality". That person has minimal margin for error or emergency, or means to trade off one resource for another. In 1979, over 15 percent of persons 65 years of age or older had cash incomes placing them below the officially-defined poverty level. Women and members of minority groups were over represented in that group.7/ Illness and physical limitations may also deprive a person of basic satisfactions. Whether this is true depends on access to medical care and other offsets to physical limitations. It depends also on a person's perceptions and values. The latter is especially true regarding the physical changes that accompany aging. Financial constraints more often and obviously limit both satisfaction of basic needs and a second element in quality of life: choice.

Choice means the availability of alternatives and the freedom to choose among them. Choice is having varied opportunities--whether for employment, for maintaining personal and social relationships, for living arrangements, for cultural, educational, and leisure activities--and taking the options that

enhance a sense of dignity and self-worth. Choice is individual, based on a person's life experience, ethnic conventions, and personal values. Although choice is personal, the opportunity to act on one's choices may be shaped as much by external as internal factors. Racial, ethnic, religious, age, or sexual prejudice often limit the choices of older Americans. Such limits range from personal slights to institutionalized biases. For example, only since the 1972 passage of the Freedom of Religion Act have elderly Indians been legally free to practice observance of certain tribal religious beliefs.

A third element in most definitions of quality of life is freedom from undue stress. Fear of physical violence, a three-hour trip on public transportation for a fifteen-minute medical appointment, the absence of simple mechancial aids to climb stairs or rise from a sitting position: all are commonplace sources of undue stress.

A final element is the lack of direct correlation betwee economic well-being and quality of life. This is not to say that funds for personal maintenance and public programs are unnecessary for quality of life. What it means is that money does not ensure quality, and quality requires more that expenditure of funds. Quality rests on values and attitudes. Without a belief in the value of the individual, our nation will not provide sufficient public support for quality of life for older Americans.

B. KEY ISSUES

What population and family factors are of special importance for quality of life?

Consider the demographic background. In early 1981, 25 million Americans aged 65 and over made up 11 percent of the population. There are about 147 women to every 100 men. Projections show both a percentage increase in the older population and a rise in the ratio of women to men by the year 2000. In 1979, more than 8 of every 10 men but fewer than 6 in 10 women lived in a family setting. In a shift from preceding years, more than half the people 65 years of age and older in metropolitan areas were in the suburbs rather than in the central city. Older persons moved less often than younger ones.8/

Although older men and women tend to live near their families, they may do so at some cost to other ties and interests. Consider those, for example, who leave their homes of many decades in urban communities to be near their families in the suburbs.

Several economic and social trends work against the well-being of older Americans across a spectrum of life circumstances. Inflation comes most forcibly to mind. Persons who had plans

for partial or full retirement are unable to follow those plans. Their choices are unexpectedly limited. One Technical Committee has reported that Social Security benefits make up all or nearly all of the retirement income of more that half the elderly. Private pension coverage, from which only a low percentage of women and minority group members benefit, is not indexed to inflation.9/ Limited income, made more limited by inflation and increasing energy costs, may mean such non-choices for older people as giving up a home too expensive to maintain. Low buying power and high energy costs also mean limited mobility: to shop, to get medical and dental care, to maintain family life and social relationships. Such problems, discussed under "Housing" and "Transportation" in this report, lower quality of life by depriving older persons of the identity, the support, the self-fulfillment that comes from chosen surroundings, activities, and associations.

Older people suffer further constraints from another trend: the increase in crime. They are under-represented in victim statistics for the reasons discussed in the "Crime" section of this report. Those who reduce activity through fear of crime reduce also quality of life, both through stress from fear and from constricted choice.

Constricted choice applies also to consumer patterns affecting older Americans. This report has no separate section on consumer concerns. However, the Committee endorses public information and education, the training of employees and volunteers in both the public and private sectors, and other measures to resolve consumer problems like those identified in several sections of this report.

Since many older people live alone or in small family units, supermarket product packages are often too large and expensive. Buying them results in spoilage and waste. Trying to economize, some people maintain an unbalanced diet. When products are sold in smaller units, the unit price is often much higher than the equal volume of the lareger unit.

Suitable clothing for persons with restricted physical mobility is another consumer problem. For example, in the absence of price and quality standards, custom-made shoes for people with foot problems are often over-priced and of poor quality.

Often aural impairments prevent older shoppers from hearing loudspeaker announcements of bargains in supermarkets. Providing printed announcements of bargains would permit such persons to shop more economically. Among the provisions that would increase the range of choice and mobility and reduce stress for older consumers are: aisles wide enough for wheelchair shopping, grab bars in telephone and toilet booths, easy-opening doors, access ramps, shallow steps, shopping escort services, and telephone and delivery services. Simple language in banking and legal documents would benefit consumers in all age groups.

One group of older consumers with a special set of constraints is that of hospital patients and residents in long term health care facilities. Institutions, in the interests of procedural efficiency, tend to impose a limited range of choices on those who need physical care. One Technical Committee has raised such quality-of-life questions as how group-care and in-home services can be provided "in the least restrictive environment appropriate to an individual's functional capacity." The Committee has recommended that "persons who are otherwise eligible for Medicaid and are judged to need skilled or intermediate in-patient care should be eligible for equivalent in-home services so long as the in-home expenditure does not exceed comparable in-patient cost."10/

The right to legal recourse for consumer, guardianship, and family problems is discussed in the "Legal Services" section of this report.

The above trends are largely negative. Another, that toward longer life span and improved general health, is less discouraging. It offers opportunities to improve quality of life for the whole society by uncovering new alternatives.

Consider employment. Many older people who want to work and are able to do so are deprived of this option under present retirement policies. Age prejudice, too, plays a role. Women who have not been long-time members of the labor force, minorities, and former retirees face special barriers. One Technical Committee has recommended adoption of "age-neutral" employment policies by the public and private sectors, with retention of benefits for workers who remain employed beyond a given pension plan's retirement age or beyond age 65. That Committee also recommends development, testing, and implementation of age-neutral occupational appraisal tools and increased adoption of such flexible work arrangements as shared jobs and part-time jobs with proportional benefits.11/ Another Technical Committee has recommended reducing age discrimination in employment through media campaigns and through demonstration and on-job projects. An additional recommendation is that the U.S. Secretary of Labor appoint a special Assistant for Older and Retired Workers. The latter Committee recommends also more systematic treatment of volunteer work, with position descriptions for volunteer jobs and provisions to phase from volunteer work into paid employment.12/

One route to later careers is education. In addition, education, with or without academic credit, is a vehicle for self-fulfillment through pursuit of individual intellectual and recreational goals. Public support has favored free education for younger people.

People in the older age groups have not had their share of educational opportunity. The WHOCA position, reflected in Technical Committee recommendations, is that resources and

access to education, under a wide range of auspices, should be equalized among age groups.13/

Just as our society has viewed education for adults as peripheral, we have seen leisure activities as non-essential. This position is inconsistent with what we know of maintaining mental health and preserving well-being. Issues related to leisure time and recreational activities are addressed in the section of this report titled, "Creative Use of Time." A complementary approach to preserving mental and physical health was studied by another Technical Committee.14/

Perhaps the most visible results of people living longer are in family life. Four-generation families are no longer a rarity. Traditional grandparent roles change as more women enter the labor force, as birth rates decline, and, increasingly, as the parents of growing children divorce. An older person's quality of life is affected by these trends through the changes they produce. How does a grandparent adapt when a grandchild's parents have a bitter divorce and custody fight and the related parent has no visitation rights? When his or her family move to another area in pursuit of job advancement? One effect of rapid, multiple social changes may be increased visibility of such accommodations as grandparents serving as surrogate parents. To some degree a person's role in responding to family and social change is a matter of choice.15/ Sometimes legal barriers and immobility due to economic constraints restrict choice. One Technical Committee has made a series of recommendations to study the grandparent/grandchild relationship and to draw grandparents into mutual support systems. 16/ Another has taken the position that we need to strengthen both family support and means for including people without families in support systems.17/ A discussion of variations in living arrangements reflecting population and family changes is included in the "Housing" section of this report.

A longer life means more time--and often more need--to explore personal values. Sometimes that process follows naturally from family and community activity, from observing ethnic traditions, from pursuing an interest as employee or volunteer worker. Involvement in the arts and humanities is a value-oriented aspect discussed later in this report. Another Technical Committee has addressed ways in which religious institutions can help older persons meet changes imposed both by their physical and social environments and by the aging process. Those ways are as providers of services, as architects of societal attitudes, and as agents for meeting the spiritual needs of the elderly. 18/

Clearly, factors that determine individual quality of life are varied and subjective. The growth, however, of quality of life literature and the refinement of social indicator research techniques reflect the perseverance of program administrators,

of social scientists, and of policy analysts in trying to deal systematically with this subject.

The position of the Technical Committee on Physical and Social Environment and Quality of Life is that attention to a few focal provisions will do much toward resolving the individual, specific quality of life problems that many older people face.

Attitude is a key to those provisions. In our youth-oriented society, age prejudice adds to the struggle of older persons seeking to attain good quality of life. One Technical Committee is dealing with that prejudice as perpetuated in the media through underrepresentation and stereotyping of older people. 19/ Another is recommending "policies to promote social roles that enhance respect for older people [including] responsibility to contribute to society as well as rights."20/

Another key is linkage and coordination, using well the resources we have in planning responsibly for growth and change. One theme in the work of the Technical Committee concerned with governmental structure and support is fragmentation and its remedies.21/

C. RECOMMENDATIONS

With the above concerns in mind, the Committee makes these threshold recommendations:

1. The President should issue an executive order, to be followed by appropriate Congressional action, mandating the preparation of a Quality of Life for the Elderly Impact Statement. This statement will require all Federal agencies to assess the impact of major policy, regulatory and funding decisions on the quality of life of the elderly. In assessing this impact, planning and programs for economic security, physical and mental health, education, housing, transportation, crime, arts and humanities, legal services and the creative use of time shall be included, with special emphasis on the coordination and interrelationship among these elements. Similar requirements by state and local governments should be adopted.

2. Federal, state and local governments, in making and implementing policy, regulatory and funding decisions affecting the quality of life of the elderly, should give priority consideration to the interrelationship and the need for coordination among plans and programs for economic security, physical and mental health, education, housing, transportation, crime, arts and humanities, legal services, and creative use of time. The major concern shall be with the total well-being of the older person. Responsibility for assuring this coordination should be clearly designated within each level of government.

3. The Age Discrimination Act of 1973 and its implementing regulations must be strictly enforced at national, state and local levels, in both public and private enterprise throughout all societal institutions. The rights provided and remedies available under this statute and regulations should be publicized.

4. The private sector, particularly those businesses and organizations involved in housing, mortgage lending, and the media, should be made aware of and take into consideration the special needs of older people.

   Awareness should be fostered and promoted by all advocates of well-being for the upper age groups and should be reflected in policies and practices of corporations and private sector organizations at every level.

SELECTED BIBLIOGRAPHY

1. Gerontological Society. The Development in Environment and Aging. Washington, D.C.: 1975.

2. Lohmann, Nancy, "A Factor Analysis of Life Satisfaction, Adjustment and Morale Measures with Elderly Adults," International Journal of Aging and Development, Vol. 11 (1), 1980.

3. Lind, Donna H., Self-Assessment of Quality of Life in Homes for the Aging. Washington, D.C.: American Association of Homes for the Aging, 1980.

4. Campbell, Angus; Converse, Philip E.; and Rogers, Willard L. The Quality fo American Life. New York: The Russell Sage Roundation, 1976.

5. Flanagan, John C. Identifying Opportunities for Improving Quality of Life of Older Age Groups. Palo Alto, California: American Institutes for Research, 1979.

6. A National Agenda for the Eighties: Report of the President's Commission for a National Agenda for the Eighties. By William J. McGill, Chairman. Washington, D.C.: U.S. Government Printing Office, 1980.

7. U.S. Congress, Senate. Every Ninth American. By Herman Brotman. Report of the Special Committee on Aging. Washington, D.C., 1981.

8. Ibid.

9. The White House Conference on Aging, Technical Committee on Retirement Income. Washington, D.C., 1981

10. The White House Conference on Aging, Technical Committee on Long-Term Health Care. Washington, D.C., 1981.

11. The White House Conference on Aging, Technical Committee on Employment. Washington, D.C., 1981.

12. The White House Conference on Aging, Technical Committee on Older Americans as a Growing National Resource. Washington, D.C., 1981.

13. The White House Conference on Aging, Technical Committee on Creating An Age-Integrated Society: Implications for Education. Washington, D.C., 1981.

14. The White House Conference on Aging, Technical Committee on Health Maintenance and Health Promotion. Washington, D.C., 1981.

15. Kornhober, Arthur, M.D., and Woodward, Kenneth L. Grandparents/Grandchildren: The Vital Connection. Garden City, New York: Anchor Press, 1981. [Uncorrected proof.]

16. The White House Conference on Aging, Technical Committee on Creating An Age-Integrated Society: Implications for the Family. Washington, D.C., 1981.

17. The White House Conference on Aging, Technical Committee on Creating An Age-Integrated Society: Implications for the Family, Social Services and Other Support Systems. Washington, D.C., 1981.

18. The White House Conference on Aging, Technical Committee on Creating An Age-Integrated Society: Implications for Spiritual Well-Being. Washington, D.C., 1981.

19. The White House Conference on Aging, Technical Committee on Creating An Age-Integrated Society: Implications for the Media. Washington, D.C., 1981.

20. The White House Conference on Aging, Technical Committee on Creating An Age-Integrated Society: Implications for Societal Institutions. Washington, D.C., 1981.

21. The White House Conference on Aging, Technical Committee on Creating An Age-Integrated Society: Implications for Governmental Structure. Washington, D.C., 1981.

III. HOUSING

A. PRESENT SITUATION

"Older people of our Nation are entitled to suitable housing, independently selected, designed, and located with reference to their special needs, and available at costs they can afford." This quotation from the Older Americans Act of 1965 aptly summarizes the housing needs of our nation's elderly. Nothing short of a total unyielding commitment by both public and private sectors is necessary if we are to meet these critical needs.

Low-income elderly have been eligible for public housing since the Federal housing programs were initiated in 1937. However, it was not until 1956 that a law was enacted providing housing designated specially for the elderly. In 1959, new laws authorized direct loans to non-profit agencies and provided interest-subsidized insured loans to non-profit and non-profit-motivated sponsors and public agencies. These laws opened the door to assisting moderate income older persons. Since passage of those housing acts--and another passed in 1962--some expansion of housing for the elderly has occurred nearly every year.

The 1971 White House Conference on Aging recommended allocating enough government funds to produce 120,000 housing units per year for the elderly.1/ However, it has become apparent that even the annual production of 120,000 units is insufficient, as the number of elderly persons has continually grown from year to year. "So massive is the nation's senior citizen housing crisis," stated an article in the Washington Post on January 21, 1978, "that if we began today to provide minimal living facilities at the rate of 200,000 units a year, it would take until 1987 just to meet current need."2/

The Committee worked from four precepts, based on combined experience and group concurrence, in studying housing and related issues and in developing recommendations. First, any measures to remedy housing problems of the elderly should be non-redundant in any given geographic area and otherwise cost-efficient and effective. Second, both renovation of existing housing stock and construction of new units should be undertaken to increase availabilty of housing. Third, housing strategies should be directed toward helping older people remain in their own homes. Fourth, it is not feasible to rely entirely on public support in increasing the amount and variety of suitable housing. The private sector should participate.

1. The Number of Elderly

The number of elderly persons over 60 years of age in this nation has increased by 20 percent since 1970.3/ There are now approximately 25 million individuals 65 years of age or older in the United States, representing 11 percent of the total population. The figures change to 34.5 million elderly, or 15.6 percent of the population if one looks at persons over 60.4/ Among the states with a higher than average percentage of elderly are Florida, Arkansas, Iowa, South Dakota, Missouri, and Nebraska. California and New York rank highest in the number of elderly residents, each with over two million.5/

In 1970 there were 1,559,000 black elderly and 382,000 Spanish speaking elderly. The 1980 Census is expected to show an increase in these numbers. There are approximately 83,000 Indians age 60 and over today in the United States. They represent almost nine percent of the estimated total of one million Indians in the country. Asian/Pacific Americans age 60 or older totaled approximately 203,000 in the United States, American Samoa, and Guam according to the 1970 Census. By 1975, the number had grown to 250,000.6/

2. Where the Elderly Live

In 1970, 63 percent of the elderly persons in the United States lived in metropolitan areas. Of these, slightly more lived in central cities (35 percent) than surrounding areas (28 percent). Since 1970, there has been a slight shift away from cities. As for the elderly living outside metropolitan areas (37 percent of the total number of elderly), the proportion stayed the same between 1970 and 1975, although the absolute number grew. Compared to the population as a whole, the elderly are over-represented in central cities and non-metropolitan areas but have been underrepresented in the suburbs.7/ As noted under "Quality of Life", presently more than half the people 65 years of age and older living in metropolitan areas live in the suburbs.8/

In 1970, 76.5 percent of black elderly Americans lived in urban areas (mostly in central cities) while only 23.5 percent lived in rural areas. Of Spanish-speaking elderly, 86.4 percent lived in metropolitan areas (more than half--58.8%-lived in central cities) and only 13.6 percent in rural areas. Recent figures show that 87 percent of Asian/Pacific Americans live in urban areas, with the proportion even higher among Chinese-Americans (97 percent of whom live in cities).

Elderly Indians, according to the 1970 Census, are almost evenly divided between rural and urban areas: 52 percent in the former and 48 percent in the latter.9/

3. Home Owners and Renters

Over two-thirds of the nation's elderly live in their own homes. Of these, 84 percent own their homes free and clear, without mortgage financing. Older persons are more likely to be in this debt-free situation if single than married and if female rather than male. Eighty-one percent of married elderly homeowners have no mortgage, but among single elderly homeowners, 91 percent of the women and 87 percent of the men own their homes free of debt.10/

The remaining third of the elderly population are renters, and a fraction of these live in housing that was developed through publicly-funded programs: Public Housing and programs under Sections 236, 231, and 221(d) (3) and (d) (4) of the National Housing Act of 1934, as amended. While the elderly comprise 30 percent of the occupants of units funded under the three major assistance programs of the U.S. Department of Housing and Urban Development's (HUD's) --Public Housing, Section 236 and Section 8 (of the U.S. Housing Act of 1937)-only 700,000 persons over age 65 receive such assistance.11/

During the 1970's the percentage of elderly receiving housing assistance through HUD programs increased. For example, 40 percent of the occupants of housing currently subsidized under Section 8, HUD's main housing program, are elderly.12/ The Section 202 housing program, however, is HUD's preeminent development program designed specifically for the elderly and handicapped. It was authorized by the Housing Act of 1959, and at the end of fiscal year 1980, 115,000 units were started, completed or committed through allocation of funds. The housing occupied by the elderly, whether owned or rented, is more likely to be older stock than that occupied by the general public: Forty-seven percent of elderly live in housing built before World War II, while for all households the figure is 34 percent. Fewer than five percent of elderly homeowners and 10 percent of elderly renters live in dwellings built after 1970. 13/

Many elderly live in homes which are too large for them to maintain or afford. Eighty-nine percent of elderly homeowners and 77 percent of elderly renters live in homes with two rooms or more for every one person.

4. Poverty

Perhaps the most formidable of the barriers to adequate housing among the elderly is poverty. In 1975, there were 21.6 million elderly persons. Of these, 15 percent (approximately 3.3 million) were classified as poor. Poverty rates for minorities were much higher than for

whites. Approximately 13 percent of white elderly were poor, while 36 percent of black elderly and 33 percent of Spanish-speaking elderly were poor.14/

In addition to race, poverty varies by family status. While nine percent of families headed by a person over 65 were living below the poverty level, of the elderly individuals living alone, approximately 24 percent of the men and 30 percent of the women were living in poverty.15/

Although the financial position of older women living alone has improved in recent years, about half have an income of only $3,000 a year or less. Among elderly black women living alone, half have an income of $2,000 or less.

5. Health Related to Housing

While only five percent of the elderly have incapacities that require them to live in institutions, half of those 65 and over are limited in activity because of one or more chronic conditions. Not unexpectedly, this percentage changes when the 65 and over age group is divided into the "young-old" and "old-old." In the "young-old" group (65 to 74), only 42 percent are so limited, while in the "old-old" group, (75 and over), 56 percent have such limitations.16/

It is estimated that three to five million older people need special residential living arrangements that include supportive services, such as meals and housekeeping and personal care. To date, the Federally-supported Congregate Housing Services Program (established in 1978) has funded 55 projects nationwide. Currently, their children provide support for the 80 percent of the frail elderly who must have support services if they are to remain their own homes.

6. The Elderly and the Family

Maintaining family relationships is important to the elderly, although the number of seniors living with family members is decreasing. Twenty years ago, 46 percent of those over 65 lived with children; in 1975 this percentage had dropped to 18 percent. A 1979 study reported that 8 out of every 10 older men and fewer than 6 out of every 10 older women lived in a family setting, either with a spouse, a child or grandchild, brother or sister, or other family member.17/ In 1975, half of all women over 65 who had surviving children lived within 10 minutes or less driving distance of one child.18/ One national study found that 54 percent of noninstitutionalized American women over 65 had seen

their children on the preceding day. Seventy-nine percent of those older people had seen a child within the previous week. The very old, those over 80, were more likely to see their children than those in other age groups.

IV. KEY ISSUES

As many as one out of five elderly live in housing inappropriate to their needs. Conditions are such that this ratio will continue--if not increase--well into the future. Providing adequate housing for the elderly will require coordination and cooperation among all levels of government as well as with the private sector. Efforts must be directed both toward finding ways to better use the existing housing stock and toward increasing the number of new housing units. With the number of elderly projected to increase in the coming years, we must find ways to meet the demand if we are not to fall further and further behind in meeting these critical needs.

A. Non-Metropolitan Housing Programs

While most HUD programs can operate in non-metropolitan areas under current legislation, little housing aid has been used in those areas. Lack of Federal focus and interested sponsors, as well as citizens' distrust of "government programs", have restricted the extent to which housing programs, particularly HUD programs, have been used. These barriers and others need to be removed and new ways found to address the housing needs of those who live outside metropolitan areas.

An inadequate number of efficiency and one-bedroom apartments for the elderly are available in non-metropolitan areas. Further, while Farmers Home Administration ("FmHA") programs assist elderly rural homeowners with home repairs under Sections 503 and 504 of the Housing Act of 1949, as amended, elderly homeowners are living in homes that are deteriorated beyond repair. Also, health and social services are often inaccessible to residents living in facilities built under FmHA programs.

B. Coordination of Federal Programs

HUD and the United States Department of Health and Human Services (formerly Health, Education and Welfare) operate with mandates that differ legislatively, but overlap administratively. HUD programs focus on housing in the strict sense of the word. They address the distribution, provision, and maintenance of physical structures. On the other hand, the primary concern of HHS is individuals, not buildings. If the quality of the housing stock improves as a result of HHS programs, it is merely a side effect.

Both HUD and HHS provide housing repair and maintenance services. Lack of coordination between the programs of the two agencies not only reduces cost effectiveness, but also presents the user (most often the local community) with complex bureaucratic problems to solve.19/

C. Program Funding

The current rate of funding for programs administered by HUD and by the FmHA will have to increase if the need for special and varied types of housing for older people is to be met. The projected growth in the number of rural elderly who wish to move into rental units and the tremendous number of elderly in inner cities who must be adequately housed justifies such an increase.

In addtion to insufficient government resources, barriers exist which restrict the number of units that can be produced. For example, there are inadequate incentives for the private sector to participate in and to provide for some of the special needs of elderly residents. Section 202 loans are currently available only to public and non-profit sponsors, and for new construction purposes only.

D. Special Architectural Features

Where and in what type of housing a person lives is a matter of individual taste for the elderly, as it is for all. However, special design features that are often essential if an older person is to live safely, independently, with dignity and self-esteem. These include such features as grab bars in bathrooms and showers, non-skid floors, electrical outlets 18 inches or higher above floor level, banisters on steps, handrails on walls, adequate lighting in rooms and hallways, wide doors to accommodate wheelchairs, and special height toilet bowls. Architects and building industry officials are gradually becoming attuned to these features and, in large measure, construction of facilities designed for the elderly include them as well as to access and exit features. Wherever the elderly live, security is a concern. Increased crime on the streets, even in "better neighborhoods" has added a new dimension to fears which may accompany the aging process. Security systems in retirement communities, in congregate living facilities, and in individual residences can alleviate some of the stress from fear of crime.

E. Displacement

Housing means more to individuals than just shelter. It represents security for the elderly, and many times it is a link for them between the present and the past.

Ownership of a home may represent independence and adequacy and the loss of that home, defeat. However, rapidly rising

costs of repair and maintenance-and the fact that more than half the elderly homeowners live in structures built more than 40 years ago-has posed an ever growing threat of displacement to the older segment of our population who own their own homes. Faced with the high costs of utilities and increasing property taxes, interest rates, building materials and labor costs, many elderly cannot remain in their homes without assistance.

Recent increases in the conversion of rental housing to condominiums or cooperative ownership has compounded the problem. On the positive side, such conversions confer the benefit of real estate ownership on those able to buy. They generate economic benefits for local government and may aid neighborhood revitalization efforts. On the negative side, such conversions may create hardships for lower income and older tenants who cannot afford the resultant monthly cost increases. Moreover, conversions reduce the amount of affordable rental housing available in the community, which increases the difficulty of older renters in locating a place to live. Many states and localities have enacted or are considering restrictions on such conversions, by, for example, increasing protection for current residents.

F. Housing Choices

Only about five percent of all retirees leave their home states after their working years. About 70 percent continue in their pre-retirement home, while 25 percent move, often to smaller homes in the same area.20/

For those older persons who wish or need to give up their homes and live elsewhere, there must be adequate numbers and varieties of living facilities so that the elderly have a choice of where they are to live. They should have help in learning what is available to them, but the decision about where to live should be theirs as long as they are capable of making such decisions.

Where to live after retirement is a decision that raises the issue of neighborhoods segregated by age. The basic choice is between living in segregated facilities with one's own age group or in neighborhoods offering daily association with all age groups. Some people are bothered by the potential noise and confusion of family groups. Others enjoy being a part of such communities.

Integrating facilities for the elderly into neighborhoods is not always easy. Plans that call for adding a retirement apartment to an existing single family dwelling or for building a group home or section 202 housing complex in a residential area often require special zoning approval. Conflict sometimes arises.

When the ability of the elderly to function in their own homes or the homes of relatives decreases, substitute care for persons with varying degrees of disability is necessary. Settings for such care might include foster homes and congregate living group homes, and intermediate and skilled nursing care homes.

Today, most care for the frail elderly is provided in the homes of relatives. However, the expense and the pressures to which the relatives are subject can be onerous. Some form of financial assistance would help those families whose incomes are not sufficient to meet the expense of caring for the elderly relative. Respite care, which provides for a caretaker to relieve the relatives periodically, goes a long way to preserve the willingness and the ability of the family to continue to provide for care.

Substitute living facilities, such as foster homes and boarding homes with personal and life care facilities, should be located in neighborhoods having opportunities for residents to participate in community activities and maintain relationships with family and friends. Social and rehabilitative services are needed to assist in maintaining physical and mental activity. Unfortunately, not all substitute living arrangements are administered for the full benefit of the residents. The profit motive of the administrator may outweigh concern for the well-being of the residents. State licensing laws can protect the residents' rights and safety. Further, when facilities enter into an agreement for lifetime care, with accompanying payment from the resident, the resident's investment must be protected. Preferences in housing vary among older persons of different ethnic origin. For example elderly Indians, in general, do not want to be isolated from family. This is true to a lesser degree among the black elderly. There are also strong family ties within Hispanic groups and should be reflected in plans for their care.

Elderly women today may be very different from those who will be elderly in ten to twenty years because of the latter's entry into the labor market and life styles. As a result, housing needs of older women may change notably in the next two decades.

It is difficult to predict what the range of needs maybe in the future. The degree to which we plan for various and flexible accommodations now, however, will put us that much further ahead in meeting future housing needs.

V. RECOMMENDATIONS

1. The President and the Congress should declare a national goal of providing each year a minimum of 200,000 units of housing for the elderly, distributed as needed between metropolitan and non-metropolitan areas. To achieve this goal:

   a. The Department of Housing and Urban Development, the Farmers Home Administration, the Department of Energy and other relevant executive departments should continue and increase their efforts--through such means as demonstration programs and technical assistance--to find ways of reducing the costs of producing and maintaining decent, safe and sanitary housing.

   b. Funding for the supply of new and rehabilitated housing serving the elderly should be maximized; set-asides of funds for general housing assistance programs should be reserved specifically for the needs of the elderly.

   c. The Congress and relevant executive agencies should amend existing statutes and regulations to facilitate housing production for the elderly, such as:

      --administering Section 202 of the National Housing Act of 1959 to permit limited-profit sponsors to act as developers.

      --providing greater flexibility for pension fund investment in housing development.

2. Government at every level should conduct a top-to-bottom review of all housing programs that serve the elderly to ensure that special needs are addressed. For example:

   a. Federal housing programs serving the elderly should provide subsidies or allow higher mortgage limits to accommodate special design features which increase safety, facilitate independent living and conserve energy. These special design features should apply to rehabilitated properties as well as to new construction.

   b. To the greatest extent possible, housing programs should encourage the inclusion of health and social services facilities within or in close proximity to the housing.

   c. Site selection criteria should be reviewed to ensure that housing facilities are located in safe areas which provide access to adequate transportation,

parking, health and social services, and shopping, recreational, cultural and leisure time opportunities.

d. State and local legislatures should provide maximum property tax exemptions for housing for the elderly that offer protective services for residents.

e. The Congress should enact legislation to require states to establish adequate administrative structures through which the planning and funding sources for housing and housing-related services can be coordinated. For example, a single application form, to be completed at the local level. should be designed to meet all requirements for approval of funds under programs administered by HUD, FmHA and HHS.

Alternatively, communities could be required to submit a revised Housing Assistance Program (HAP) plan that would fulfill the planning requirements for Title XX of the Social Security Act, Title III of the Older Americans Act, and various HUD programs, and which would be submitted to a single Federal agency. That agency would have responsibility for processing acceptable proposals through the Federal bureaucracy. The funds would then flow to the applicant community for physical housing construction and maintenance programs and for accompanying social service programs identified in the single application plan.

3. Government at every level should seek to provide assistance to elderly homeowners to enable them to maintain and retain their homes. For example:

a. The Congress should amend Section 8 of the U.S. Housing Act of 1937 to make eligible for assistance elderly homeowners whose housing costs exceed 25 percent of their adjusted family incomes.

b. The Congress and state legislatures should approve new and increased funding for existing programs which assist homeowners in meeting rising energy costs and making needed repairs and improvements. Existing energy and weatherization programs should be better coordinated among administering agencies.

c. State and local governments should be encouraged to provide "circuit breaker" tax relief. Financial institutions should be encouraged to offer Life Tenancy Reverse Annuity Mortgages or other financing alternatives.

4. To the greatest extent possible, the elderly should be provided choices where to live, allowing those who wish to remain in their neighborhoods to do so. This applies expecially to elderly members of minority groups who wish to remain in ethnic neighborhoods, on reservations, or close to family members. Moreover, zoning offcials should be sensitized to the needs of the elderly, such as chronically disabled patients discharged from hospitals who desire to live in neighborhoods.

5. Programs under the Older Americans Act and Title XX of the Social Security Act should be encouraged to assist families in providing housing for older members in the families' homes. Such programs should include financial aid for low-income families and property tax exemptions and respite care for all families, particularly when the elderly are frail and require continuous care and supervision.

BIBLIOGRAPHY

1. Toward A National Policy On Aging. Washington, D.C., 1972.

2. Interview with architect Samual Wacht. Washington Post, 21 January 1979.

3. U.S. Census Department, Current Population Report Series, Statistical Notes: New Report on the Elderly. Washington, D.C.; 1 July 1979.

4. Ibid, Toward A National Policy on Aging, page 2.

5. U.S. Congress, Senate Every Ninth American, By Herman Brotman. Report of Special Committee on Aging, 1979.

6. White House Conference on Aging Briefing Sheet. Washington, D.C.: 1980.

7. Welfeld, Irving and Struyk, Raymond. Occasional Papers in Housing and Urban Affairs, Vol. 3 [Washington, D.C.: U.S. Department of Housing and Urban Development], page 13.

8. White House Conference on Aging Technical Committee Working Paper (Extrapolated U.S. Census Department data).

9. U.S. Congress, Senate, Every Ninth American, Report of the Special Committee on Aging, 1981.

10. Ibid, Occasional Papers, page 30.

11. Ibid, Occasional Papers, page 47.

12. Ibid, Occasional Papers, page 47.

13. U.S. Department of Housing and Urban Development, Office of Policy Development and Research, How Well Are We Housed: The Elderly. Vol. 4, Washington, D.C., 1978, page 7.

14. Ibid, Occasional Papers, page 9.

15. Ibid, How Well Are We Housed: The Elderly.

16. Future Directions in Aging: A Human Services Model. Report of the Subcommittee on Aging, U.S. House of Representatives. 1980, page 67.

17. Ibid, Every Ninth American, page 11.

18. "The Older Woman: Continuities and Discontinuities," Report of a Workshop by the National Institute on Aging and the National Institute of Mental Health, September 1978, page 40.

19. Struyk, Raymond J. and Soldo, Beth J. Improving the Elderly's Housing, Chapter 9.

20. Billings, A.E., Bacaccino, Mary Ellen, French, Janet C. and Gold, Alice M., Travelers in Society. Travelers Corporate Research Division, Hartford, Connecticut: 1980, page 38.

I. TRANSPORTATION

A. PRESENT SITUATION

In the decade since the 1971 White House Conference on Aging, a wide range of programs concerned with the transportation of older Americans has emerged. Special legislation has been passed, and more funding sources have been developed. There is no longer a problem of "awareness": a flow of studies and reports stimulated by the 1971 Conference has brought (and kept) the issue before Congress, before Federal, State and local governments, and before the public.

Among the laws that have been passed and currently influence the provision of transportation for older persons, the most significant are:

- The Older Americans Act Amendments of 1973, 1975, and 1978;
- Section 16(a) of the Urban Mass Transportation Act of 1964 (UMTA), as amended, and the associated "Special Efforts" and planning regulations;
- The National Mass Transportation Assistance Act of 1974, particularly Section 5, notably Sections 5(m) and 16(b) (2);
- The Rehabilitation Act of 1973, particularly Section 504 of that Act and the related U.S. Department of Transportation (DOT) regulations of 1979; and
- Section 18 of the Surface Transportation Assistance Act of 1978.

Under these Federal statutes, the elderly and handicapped are given the same rights as other persons to use mass transit facilities. For example, Section 16 of the Urban Mass Transportation Act requires that "special efforts" be made to assure that the elderly and the handicapped have access to transit facilities. Section 16 was passed in 1970, and in 1975 was implemented with rules defining what "special efforts" would be required. Also under Section 16 funds have been made available to private nonprofit agencies to assist in the purchase of capital equipment for transportation, mostly to serve the elderly and handicapped.

Section 504 of the Rehabilitation Act of 1973 stated that "no otherwise qualified handicapped individual can be denied the benefits of, or excluded from participation in, any program or activity receiving federal ssistance." In January, 1978, the Department of Health and Human Services promulgated government-wide rules. The rules specifically for transportation were developed by DOT. Those rules have yet to be finalized. One significant issue that remains unresolved concerns the right of local communities to have the option of using special services or of making facilities on fixed route systems accessible. While the laws cited above are by no means a comprehensive account of what has been accomplished over the last decade, they are evidence that progress on the Federal level has been steady and cumulative.

State and local governments, too, have become increasingly involved through their human resources programs and/or transportation departments, and there are mounting numbers of private and volunteer programs serving those who have inadequate access to transportation.

1. Systems Serving the Elderly

In 1975, the Institute of Public Administratrion identified five basic service categories as serving the elderly: conventional public transit, fixed-routed and schedule service: special systems, usually described as some form of dialaride or demand-responsive systems; coordinated systems, usually including some form of both fixed-route and dial-a-ride; taxi systems, typically with some form of reduced or subsidized rates; and a range of volunteer-based programs, usually operated by private non-profit providers. The dial-aride or demand-responsive systems in coordination with the taxi systems and the modified fixed-route systems accounted for almost 70 percent of the service providers.1/

2. Conventional Public Transit

There are three programs offered by public transit systems to meet the needs of the elderly (and other transportation-disadvantaged):

a. reduced fares, mandated by the UMTA;

b. special services, mainly stimulated by Section 16 and the "special efforts" regulations; and

c. special features for the purpose of improving the use of systems, stimulated by Section 16(a) and even more so by the current DOT regulations for Section 504.

In response to the "special efforts" and planning regulations under Section 16 of the Urban Mass Transportation Act, specialized services have been initiated by some transit authorities in addition to reduced fare programs. However, many of the "special efforts" initiatives have been overshadowed by the need of transit operators to comply with Section 504 requirements. As the focus of attention has shifted, the relationship between Section 16, which stimulated "special efforts" projects, and Section 504 has been drawn into question. Some requirements in these sections overlap, but there is no delineation of the specific responsibilities each one requires.

It is still too early to appraise the impact of Section 504 regulations on conventional transit systems and most are still planning for their "transition service" as required by the regulations. Furthermore, these concerns are now clouded by the fact that Congress did not consider transit legislation for 1981, and the direction that accessibility requirements will take is not yet clear.

3. Taxi Systems. Taxis offer an important potential resource for transporting the elderly, and many agencies are al-

ready using them as part of their provider system. Taxis are the most ubiquitous service in many rural and urban areas, and one recent estimate indicated that 2000 communities are served solely by taxicabs.2/

Despite the prevalence of taxi systems, they remain largely under-used by social service agencies. A survey of transportation services in small communities showed that only 18 percent of the rural taxi systems had contracted with social service agencies, and this low level of utilization is confirmed by earlier findings of studies by the Institute of Public Administration.3/ A number of explanatory reasons have been proposed. Foremost is the fact that many taxi services are franchised by state public utility commissions and there are statutory or regulatory prohibitions against shared rides, fare reductions, and other such contractual arrangements necessary to participate in existing transit programs for the elderly.

A second barrier to the use of taxis is that currently taxi operators are not eligible to receive funds to support public transit systems. Although there is general recognition that they are part of the public transportation network, at this time no public policy officially acknowledges their role. Third, social service agencies report operational problems with taxis, such as inefficient dispatching, drivers' unwillingness to respond to calls or their insensitivity to the elderly, and inadequate billing and cost information. And, finally, the typical taxi system uses vehicle types which can be difficult for elderly passengers to use. Some taxi operators are incorporating vans (minibuses) into their fleets, and expanding competition may encourage more use of lift-equipped vehicles. However, for the present, taxis have not realized their full potential for participating in transit networks for the elderly. Though the regulatory and institutional problems are difficult, they are not insurmountable.

4. Specialized Systems. Specialized transportation systems comprise the major provider currently serving the elderly. Most take the form of a demand-responsive or dial-a-ride system, typically providing door-to-door service and requiring an advance reservation (usually 24 hours). Estimates indicate that in fiscal year 1975 there were about 2000 transportation projects supported either fully or partially under Titles III and VII, and by 1979 the total appears to have increased to an estimate of 2800 to 3200 projects.

The Older Americans Act has played a major role in developing these specialized transportation services to serve older Americans. However, there have been other

sources of funding. For example, Section 16(b) (2) of the Urban Mass Transportation Act has been assisted in the purchase of an estimated 3000 vehicles for the elderly and handicapped.4/

B. Coordination of Transportation

The benefits of better coordination among those agencies that deliver services to the elderly are many. Effective coordination would reduce costs, increase the number of services, and improve the quality of those services. Whether through cooperation between agencies, coordination of services, or consolidation of operations, such action should be taken. Although coordination is stressed throughout the Older Americans Act, there are strong barriers to achieving it. For example, there is the perceived assumption that only the elderly may use Title III-supported services, but officials of the Administration on Aging have stated that Title III-supported transportation services may accommodate clients of other programs. This is true providing transportation quality does not deteriorate and no older person is denied service due to lack of capacity. This Federal position does not appear to be widely understood within the aging network.

There have been other barriers to coordination identified with the funding process, operating problems, user or client restrictions, planning and organizational problems, and conflicting State and/or Federal interpretations and guidelines. These barriers are slowly being studied. A General Accounting Office report confirms that there are hindrances to transportation coordination covering statutory legal, interpretive, and administrative dimensions.5/

C. Impact of Emerging Trends

Inflation and the rising cost of energy in particular pose grave problems for transportation programs for the elderly. Rising costs are already making it more difficult to maintain equipment, to recruit volunteers who must pay for their own gas, and to keep up the level of services that are, even now, insufficient to meet demand.

And that demand is growing. Demographic trends project a rising number of elderly, particularly those over 75 years old, and a larger number of elderly women who have worked and, presumably, will want more mobility than their predecessors. This growing demand will assert itself at a time when it is increasingly difficult to find funding resources. Without local support and advocacy by the elderly for transportation programs, the chances for expanded services are dim.

II. KEY ISSUES

It is difficult to know with certainty what effect the 1971 White House Conference on Aging had on the level and quality of transportation for the elderly. Clearly, it drew attention to the problems and legitimized the need for action. Yet in some cases changes thought then to hold particular promise are no longer seen as having absolute benefits. A good example is the emphasis once put on including transportaion as a component in every service program. Recent consolidation of Titles III and VII of the Older Americans Act recognized that multiple funding sources for transportation often result in overlapping service delivery and duplication of effort.

The major issue, however, remains: how to strike an appropriate balance for the needs of the elderly between special transportation services and general transit systems--accessible or otherwise.

A. Planning

Too often, transportation programs for the elderly are out of the planning mainstream. They suffer further from the substantial disparity between the interests and perceptions of the various groups providing transportation services. To begin with, typically small systems serving the elderly are generally not integrated into the regional planning process or, for that matter, with the Metropolitan Planning Organization or the transit agency. In rural areas the problem is more acute because of the lack of planning institutions and mechanisms; where available, they tend to be constrained because of inadequate funding.

An important perceptual problem identified in a number of studies is the gap between personnel in the social service agencies and transit and other planners. The former feel they deal with human problems, in contrast to the latter, whose major focus they see to be "equipment" or "machine" oriented.

Findings from a recent study by the Institute of Public Administration indicate that the social service agency transportation providers do a reasonable job. There is, however, evidence that many of them need increased help from transportation specialists.6/

In rural areas, the difficulties of planning are intensified because neither the citizens nor social service agencies are sufficiently familiar with public transportation. Conventional line-haul transit frequently does not exist, although this gap may eventually be filled by Section 18 of the Surface Transportation Act. In any event, planning processes in rural areas must be improved before any major beneficial changes occur and this, in turn, involves broadening the current base of support for rural planning.

B. Funding

Findings of a variety of studies indicated that the current absolute level of funding for transportation services for older Americans is much too low, not only in terms of the demands and needs of older Americans, but in terms of maintaining the present level of service in the face of rapidly increasing costs due to inflation.

There is no easy solution to inadequate funding since this problem cuts across the entire range of governmental services. Moreover, when funding is cut back in particular program areas, there is a repercussion on State government. This is especially true for programs serving the elderly, since the State serves as the primary channel for allocating and administering the aging programs.

Transportation providers are also concerned about the equity of the local funding distribution mechanisms. They have indicated in a survey conducted by the Institute of Public Administration that funds for transportation should be made available on some specified basis such as a particular elderly population characteristic, a pre-determined ratio of transportation dollars to program dollars, or some mix of demographics and service measures.1/

C. Project Management

Both the Area Agencies on Aging and transporation providers believe that they lack management expertise and experience in transportation. Transportation providers often do not understand the purpose of monitoring and evaluation, nor do they have the management information systems needed to make effective management decisions. A large number of social service agencies believe they should be taken out of the transportation business.

D. Staffing

Lack of funds has prevented the hiring of a sufficient number of skilled personnel to supervise programs and operate equipment. While CETA programs have served as an important source of staffing and personnel for the transportation projects, it has been generally agreed that CETA program staff are not fully qualified.

E. Insurance and Volunteers

Studies by the Institute of Public Administration and others have explored with transportation providers the role of volunteers and the issues relating to insurance. The Institute study indicated that there had been no major insurance cancellations nor is insurance particularly difficult to obtain. Several project managers and others knowledgeable in the field,

however, report that insurance agents try to discourage using volunteers and have made it extremely difficult for individual drivers to obtain adequate insurance. About half of the providers interviewed by the IPA study used some volunteers, and most providers felt that some form of federal assistance might be needed to encourage greater volunteerism.9/

F. Budgeting and Audits

The budgeting, costing, and auditing process reflects a confusing array of regulations, and there is an almost universal plea for simplification, reduction in the amount of paperwork required, and elimination of the duplication of forms. A closely related problem voiced by providers is their lack of training in techniques of making budget estimates; they urge that better guidelines be developed at both the State and Federal levels.

Further, there is a need for uniform definitions of costs, service standards, and accounts. Project managers do not always understand the usefulness of cost information.

G. Vehicles

The primary vehicle type is the van (mini-bus), modified to provide accesssiblity. Providers are encountering many maintenance problems with transmissions, brakes, lifts, shocks, door, and, in rural areas, with the fiberglass fuel tanks, which are reported to be vulnerable to gravel roads. Some providers in warm climates have problems with the air conditioners but feel it is part of a general pattern of difficulties. Generally, providers say the van is not strong enough to stand up to daily use. They urge that a better vehicle be designed.

H. Coordination

Transportation providers and Area Agencies on Aging see improved coordination as an opportunity to make more effective use of limited budgets. They see coordination as a needed remedy for the fragmentation that characterizes so many of the transportation networks serving older Americans.

I. Mobility of the Elderly

The mobility of individuals depends on their physical and mental health, but special services beyond what are commonly found can offer mobility to some who would otherwise not be able to get around.

Escort services, provided in conjunction with special transportation facilities, assure help to disabled elderly persons in case of emergency during transit from one place to another.

Other special types of services include door-to-door services for acutely disabled persons. Small vans or minibuses with lifts offer another mode of transportation for some who would otherwise be immoblized.

Lastly, little care has been directed to the needs and concerns of the elderly as pedestrians and as drivers. Road markings and street signs are often difficult to read and the renewal of drivers' licenses are often based on age rather than on ability to drive.

III. RECOMMENDATIONS

1. The President and the Congress should declare a national goal of provding adequate, accessible and affordable transportation services for all elderly citizens. To achieve this goal:

   a. The Congress should appropriate maximum funds under the relevant portions of the Urban Mass Transportation Act, the Older Americans Act, the Social Security Act and the Surface Transportation Act.

   b. Area planning agencies and organizations should be encouraged to consider transportation services as a priority funding category.

   c. Applicable laws and regulations should be revised and amended, where appropriate, to increase flexibility in the use of transportation funds at the state and local levels to accommodate varying needs and situations. Such accommodation may involve increased use of demand-responsive systems, better coordination between public transportation and demand-responsive systems or more intensive upgrading of public systems.

   d. Final regulations by the U.S. Department of Transportation implementing Section 504 of the Rehabilitation Act of 1973 should allow the opportunity for local flexibility in meeting statutory requirements.*

   e. Localities should be encouraged to offer greater fare relief for the elderly than is currently mandated by the Urban Mass Transportation Act.

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*Olga Madar, a Committee member, opposes this recommendation. She has stated: "It is not consistent with the Quality of Life threshold recommendation calling for enforcement of the Age Discrimination Act. The rights of the handicapped and elderly should not be treated as second-class rights."

2. The Congress and state legislatures should act to improve the design and delivery of transportation servcies for the elderly. For example:

   a. The Urban Mass Transportation Administration should monitor more closely and continuously compliance with Section 16 of the 1970 Urban Mass Transportation Act.

   b. The U.S. Department of Transportation should develop standardized van specifications and improved design criteria.

   c. The Administration on Aging, in conjunction with the Department of Transportation, should provide training programs and technical assistance for Area Agencies and their associated providers which serve non-English-speaking elderly and the physically impaired.

   d. The Administration on Aging, the U.S. Dapartment of Transportation and program officials from Social Security Title XX should jointly develop a single uniform reporting form covering the information required by all agencies providing transportation services. Any additional information that is uniquely required by an agency could then be covered in a supplemental attachment to the main form.

3. Volunteer services to provide needed transportation for the elderly should be encouraged. For example:

   a. The Congress should amend the Internal Revenue Code to permit mileage deductions for such volunteers to be equivalent to mileage deductions for business travel.

   b. State insurance commissioners, working with the insurance industry, should facilitate insurance coverage for volunteer drivers.

4. State Motor Vehicle Departments should base drivers' license renewals for the elderly on their ability to drive, not upon age.

5. State and local laws affecting pedestrian safety should be more vigorously enforced. In addition, traffic lights should be gauged to permit sufficient crossing time for pedestrians who cannot walk rapidly. Street and road markings should be employed to facilitate the needs of the elderly pedestrian and driver.

6. Vehicle drivers must be trained to sensitize them to the elderly with special needs. Those with special needs include persons who are physically impaired and those of minority language groups who may have difficulty with English oral or written directions.

BIBLIOGRAPHY

1. Institute of Public Administration. "Transportation for Older Americans," April 1975, p. 73.

2. U.S. Department of Transportation, "Inventory of Transportation in Places of Less than Ten Thousand Population Outside Urbanized Areas: Final Report. (Washington, D.C.: April 1978).

3. Ibid., "Transportation for Older Americans," see Table 4.

4. Willis, Y. "The Effects of AoA's Interagency Agreement Strategy", Transportation for the Elderly and Handicapped: Programs and Practices, December 1978, pp. 7-10.

5. General Accounting Office. Hindrances to Coordinating Transportation of People Participating in Federally-Funded Grant Programs, Vol. I. (Washington, D.C. 1977).

6. Institute of Public Administration. Improving Transportation Services for Older Americans; Executive Summary. (Washington, D.C., September 1980).

7. Ibid., Institute of Public Administration, September, 1980.

8. Ibid.

9. Ibid.

I. CRIME AGAINST THE ELDERLY

A. PRESENT SITUATION

To feel secure in one's home and neighborhood is basic to any definition what constitutes quality of life. The degree to which one is victimized by crime--or fearful of being victimized-diminishes the quality of life.

Sadly, the elderly in our society suffer disproportionately from predatory crimes, and consequently, "they are virtual prisoners in their own home and apartment because of fear of crime."1/ Because statistics on crime are not uniformly collected, and because of the large numbers of unreported crimes, exact figures are impossible to obtain, but it is estimated that in 1980, approximately one million elderly (four percent) were criminally victimized.2/

The elderly are particularly vulnerable to fraud and confidence games, purse-snatching and pickpocket robberies, mailbox check thefts, harrassing phone calls, residential burglaries, and personal larcenies. Those who live in the inner city and the homebound (particularly those in rural areas) are victims of vandalism and thievery out of proportion to their relative numbers. The likelihood of being a victim of crime increases if the older person is low-income, female, non-white, living alone in age-integrated housing in high-crime neighborhoods, or in nursing homes.3/

Less documented than these predatory crimes are crimes of consumer exploitation. Examples of these are: door-to-door salesmen offering "bargains"; store clerks cheating the visually handicapped when making change; quack doctors and pharmaceutical firms pushing unneeded goods and services; and home improvement contractors selling inferior or non-existent services.

A relatively recent form of crime agianst the elderly has surfaced as a by-product of increased longevity and the growing number of frail elderly being cared for by adult children, as well as in long-term care institutions. Abuse of the elderly ("granny bashing") seems destined to take its place with recent revelations about the prevalence of child abuse and wife beatings. The perpetrators of "granny bashing" are mostly white, middle-aged, middle class women who punch, beat, scald, threaten, and isolate elderly relatives. Long-term care and other institutional facilities give rise to both physical abuse and, often, exploitation by administrators and employees.

The effect of all these crimes against the elderly is an unrealistically high and sometimes misdirected fear of crime. The fear alone can result in depression, loss of self reliance, and a drastically diminished quality of life.

A recent study of 4,500 elderly individuals concluded that fear of crime is a major factor preventing them from using public parks and recreation facilities.4/ Another study concluded that: (1) women are more likely to express fear than men; (2) blacks were more afraid than white to walk alone in their neighborhoods at night; (3) people of higher socioeconomic status levels generally expressed less fear of personal crime than people at the lower socioeconomic levels; and (4) aged residents of cities over 50,000 show significantly greater fear of crime than do either their younger counterparts or older inhabitants of suburbs, small town, and rural areas.5/

In recent years, programs and services that address crime as it affects the elderly have proliferated in response to increasing political advocacy by older Americans. As the physical, psychological (especially the debilitating effects of fear of crime), and economic aspects of victimization begin to be addressed, there is a growing recognition that priority must be given to combatting crime against the elderly.6/

Initiatives linking citizens' efforts with public and private organizations, primarily at the local level, have recognized that control of crime against the elderly is primarily a personal-familial and local law enforcement responsibility. The Federal government, along with national aging advocacy organizations, can and should offer inducements to crime control and funding for demonstration efforts.

However, it is local organizations such as police departments, schools, churches, social service and area agencies on aging, fraternal and philanthropic agencies, families and individuals that have been instrumental in making visible the special vulnerability of the elderly to crime. These groups have arranged for or provided locks on windows and doors, alarms, hot line and telephone reassurance, ombudsman programs, information and referral services, and T.V. monitors in elevators and corridors which also have central alarm buzzer systems linked to police dispatches or patrol units.

Moreover, since the 1971 White House Conference on Aging there has been a growing belief that the elderly constitute a unique class of victim. For example, older persons are frequently afraid of law enforcement officers, making his or her job more difficult. Some older persons fear revenge if they identify their assailants; others have language and hearing problems that prevent them from going to the authorities. Available data validate this point. Studies indicate that conviction rates are one percent or less for major crimes most frequently committed against older persons or their property. Nationally, for every 100 burglaries, only 45 are reported and about one percent result in conviction.7/

II. KEY ISSUES

The high frequency of crimes against the elderly can be expected to continue, particularly for those living in areas where there is social disorganization.

The fear of crime and of criminal assault will continue to restrict the mobility of older people, particularly those who live in central cities. In addition, in response to population shifts, there will be a need for increasing crime prevention techniques in the suburbs where traditional programs serving the elderly have not taken root.

The key issue is <u>how</u> to communicate a policy to the American people that builds upon the success stories of anti-crime programs and programs and projects for the elderly so as to garner greater support for them across the country.

III. RECOMMENDATIONS

1. Local governments must initiate and implement anti-crime strategies to increase the safety of all citizens, regardless of age. Federal, state and local governments should provide assistance where appropriate. Examples of such strategies include:

   a. Local community programs incorporating the concepts of "neighborhood watch", property identification, special police patrols and media campaigns;

   b. Promotion of working relationships between police boards and precincts and community groups serving the elderly.

2. Local and regional area aging agencies, in cooperation with police departments, should establish information programs to increase understanding of the crime problems faced by the elderly and describe actions that can be undertaken to mitigate them. For example, the elderly should be taught how to avoid street crimes, burglar-proof their homes, and be sensitive to fraud and bunco schemes. Also, educational programs should be developed to sensitize judges, prosecutors, probation and parole officers, local police and other law enforcement officers to the needs, concerns and feelings of older persons.

3. States should be encouraged to provide assistance and compensation to crime victims.

4. Increased emphasis should be directed to the Ombudsman program in long-term care facilities authorized by the Older Americans Act.

5. State and local agencies should be encouraged to collect detailed and uniform crime statistics that include victim age, locations of crime, time committed, and frequency of that crime, with reference to the national Senior Citizens Crime Index.

6. Needs assessments, required for funding of programs under the older Americans Act, should mandate information on crime and programs of prevention.

BIBLIOGRAPHY

1. Johnson, Marlene L., "Criminal Victimization and the Older American: Fear vs. Reality," Draft of the Policy and Research Office of the White House Conference on Aging, 1980, p. 9.

2. Billings, A.E., et al., Travelers in Society, Older Americans: A Review of Issues and Their Implications. Travelers Corporate Planning and Research Divisions, Hartford, Connecticut: 1980, p. 47.

3. Ibid., "Criminal Victimization," PL 44; U.S. Congress, Senate, "Developments in Aging: 1978," Part I, Report of the Special Committee on Aging (Washington, D.C.: 1979); U.S. Congress, House, "Victim Compensation and the Elderly: Policy and Administrative Issues," Report of the National Council of Senior Citizens to the Select Committee on Aging (Washington, D.C.: 1979); U.S. Department of Health and Human Services, Service Center for Aging Information, "Elder Abuse," 1980.

4. Ibid. "Criminal victimization," p. 5.

5. Clemente, Frank and Michael B. Kleinman, "Fear of Crime Among the Aged," The Georontologist (Vol. 15, No. 3), June, 1976, p. 208.

6. Ibid, "Developments in Aging," p. 200.

7. Ibid. "Travelers in Society," p. 48.

8. Ibid. "Criminal Victimization," p. 7, 19.

9. International Center for Social Gerontology, "The White House Conferences as Agents of Change," Fall 1979.

I. LEGAL SERVICES

A. PRESENT SITUATION

The term "equal justice" under law applies to all citizens, regardless of age. For the elderly, legal services take on an added dimension for it is a primary vehicle by which the equitable and efficient delivery of services is ensured. Consequently, legal services can be considered a gateway to improving quality of life.

Legal services are made available to older Americans from three principal sources: the private bar, the Legal Services Corporation (LSC), and the Administration on Aging (AoA). In providing these services, lawyers and non-lawyers cooperate to enable the elderly to enjoy greater dignity and personal fulfillment. The elderly, in particular, find personal enhancement through independence in decision-making, and legal services can protect them against premature and undue restrictions of independence. Secondly, the elderly generally are involved with social programs, the benefits from which must

be "claimed." Asserting a successful claim requires knowledge, physical and emotional energy, and a degree of aggressiveness. Legal services supplements these characteristics in older persons so that they can successfully receive their full entitlements.

The legal needs of the elderly are diverse. They range from simple probate proceedings, to dealing with government agencies regarding benefits, to issues involving discrimination under the Age Discrimination Act of 1975.

When protective action is required for individuals no longer able to protect themselves or their property, restrictions on independence and the exercise of their legal rights should be no more than is absoulutely necessary. In those cases where guardianship can be justified, legal safeguards for the person should be assured by selecting a guardian who is capable of and committed to a vigorous pursuit of all rights of the ward. Periodic review of the basis of the initial guardianship would help ensure it's termination as soon as is feasible.

Institutionalized persons are vulnerable to neglect and abuse. They often have few if any persons able to provide the daily "oversight" needed to protect them. Effective representation must be available to each resident of an institution and special attention should be given to non-adjudicated incompetents in institutions.

The number of older Americans receiving legal services today is at least twice that of just three years ago. In fiscal year 1978, approximately $5.4 million was expended on legal services, while in fiscal year 1980, the total was approximately $13 million. The AoA estimates that there are nearly 350 legal and related service programs which served approximately 400,000 (or 2 percent) of the elderly in fiscal year 1980.1/ Moreover, twenty-four state bar associations have active programs to address the legal needs of the elderly, including actual delivery projects. Additionally, four statewide referral systems for the elderly are operated by the private bar and almost 60 local bar projects are operating or in the planning state. The AoA and the LSC also have entered into a cooperative agreement in order to make more and better legal services available to increasing numbers of older persons.

Despite this upward positive trend, data from the American Bar Foundation permit a conservative estimate that less than 10 percent of the legal needs of America's 25 million elderly are currently being met. In a survey reported to the AoA in December 1980, it was almost unanimously agreed by a sampling of leaders of local senior organizations that legal service is either the most important elderly need or, at least, a relatively important one.2/

II. KEY ISSUES

A. Barriers to Use of Legal Services by the Elderly

The lack of mobility and fear of travelling in certain parts of a city explain why many older persons do not use available services; unfortunately, services are not often provided in the apartment complexes or neighborhoods where older people actually live. Other reasons that preclude use of legal services are a lack of awareness by some elderly that they have a legal problem, failure to understand benefits to which they are entitled, difficulties in communication, the perceived stigma of seeing an attorney, a desire for privacy, and fear of retaliation. Further, because many older persons fail to understand the role of legal services, they often place a low priority on legal and related services as compared to other social services. In an effort to identify and better understand the impediments to providing affordable legal services to the elderly and others, the Federal Trade Commission has initiated a study of this critical area.

B. Needs of the "Middle Class" for Legal Services

A common misconception is that only low-income elderly have need for affordable legal services. Granted, those with low-incomes must be given the highest priorty in allocating scarce legal service resources; nevertheless, the "middle class" older American has an ever-expanding array of needs that can be met by legal services--combating age discrimination, helping with estate planning, explaining condominium conversion and landlord-tenant issues, and ensuring private and public pension plan protections. These continuing needs can be met only by expanding the involvement of the private bar and by a willingness to experiment with innovations in the delivery and financing of legal services, such as prepaid insurance plans.

C. Continuing Reform of the Legal Systems

The judicial branch of government appears removed, complex, fraught with delay and even overwhelming to many ordinary citizens. The problem is often exacerbated when the elderly are involved. Yet the courts are a cornerstone of our judicial system. Because of this importance, every aspect of the system should be systematically evaluated to identify improvements that would make our judical machinery more understanding of and responsive to the needs of the elderly.

D. The Education Function of the Legal System

Legal service providers should be acutely aware of their opportunities and professional responsibilities to initiate and support educational activities. Programs are needed for

the elderly, for the public, for members of the bar, for non-lawyer advocates, for providers of other social services and for all of the facilities and organizations which affect the elderly in our country.

Perhaps the most important "teaching" objective should be that of helping the elderly to help themselves in addressing their own legal and social problems. Such assistance would not only result in seniors helping to accomplish tasks that would otherwise lie before social service agencies, but, more importantly, it would enhance self-image and bring personal satisfaction.

Providers of social services to the elderly, too, need training on legal rights and responsibilities, on how to identify a legal problem when one exists, and on what remedies may be available.

Lawyers themselves need to be educated. Members of the private bar must be sensitized to the needs of the elderly and to special approaches in dealing with them. And advocates need to be instructed on the substance and applicability of existing law so that their representation can benefit from having clearer objectives and more creative strategies.

E. Resources for More and Better Legal Services

The organized private bar is still the core of the American legal system. Only a small fraction of the over 530,000 practicing attorneys in the United States work for public legal services programs. Thus, the private bar needs to recognize its own potential for contributing to the fulfillment of the needs of older Americans. That recognition has started.

In 1978, the American Bar Association (ABA) created the Commission on Legal Problems of the Elderly which has activated bar association efforts to assist the elderly. Moreover, in 1980, the ABA House of Delegates passed a resolution urging lawyer referral services to increase its efforts to reach older persons. But many private bar resources remain untapped. The aging net work already has benefitted from the very substantial and continuing contributions of lay advocates, law schools and paralegals; however, these efforts must be expanded. It is essential, though, that only qualified lay advocates be employed, and only in those cases where the services of an attorney are not required.

The need for more services is clear. This fact mandates good use and good management of the programs we now have. In furtherance of this goal, the LSC has funded more than 32 demonstration grants through their Quality Improvement Project. And, coordination of legal services with other social services and facilities, such as hospitals and nursing homes, will be of mutual benefit.

III. RECOMMENDATIONS

1. The Legal Services Corporation Act and the Older Americans Act should be reauthorized in 1981. Strong advocacy support should be brought to bear. In connection with the authorization of these statutes:

   a. Title III of the Older Americans Act should be amended to define legal services as a mandated priority in the provision of social services.

   b. A mechanism for assessing the adequacy of servcies for the elderly provided by the Legal Services Corporation should be authorized.

   c. Through these statutes and other means, efforts should be undertaken to educate the elderly about when legal services are appropriate and where such services can be obtained.

2. Legal services must be provided for the elderly, delivered at an affordable price, meeting high standards of quality, and representing diversified services from both private and public bars.

   a. Additional funding should be earmarked for this purpose by the LSC and the AoA.

   b. Federal, State and local bar associations should be encouraged to expand their emphasis on probono activities, ensuring that the special needs of the low-income elderly are addressed.

   c. Other means of providing services to elderly citizens unable to afford counsel should be explored, such as privately or partially-subsidized insurance plans, or appropriate use of qualified lay advocates and law school students. Attorneys and lay advocates providing legal services for the elderly must be properly trained and sensitized to the needs of older persons, particularly those of low income and minority groups.

3. The study initiated by the Federal Trade Commission focusing on the impediments to the provision of affordable legal services to the elderly and others should be expeditiously completed and its recommendations implemented.

4. An evaluation (conducted by the Department of Justice, the Federal Judicial Center, the American Bar Association or a private foundation) should be conducted to determine the extent to which the structure and operation of this country's court systems adequately serve older Americans.

Such matters as accelerated docketing when the elderly are involved, probate and small claims procedures, and guardianship should be among the subjects examined. Mechanisms for dispute resolution outside of court--already being used successfully in certain areas--should also be considered.

5. States should be encouraged to provide free guardianship services for the elderly who cannot otherwise afford or be cognizant of their need for legal representation. The effectiveness of these guardianship laws should be monitored by either the states or local bar associations--examined to insure that the civil rights of the person are protected before, during competency hearings and after adjudication of incompetence.

6. The laws governing divorce should be revised to consider visitation rights of grandparents and great-grandparents.

BIBLOGRAPHY

1. U.S. Administration on Aging, A Preliminary Report on Legal Services Programs Under the Older Americans Act: Report to the Congress, September 30, 1980; AoA Fourth Quarter (FY-80 Report on Funding for Legal Services).

2. American Bar Foundation, Kurran Study, 1977; "CRC Education and Human Development Draft Technical Report on Advocacy Programs for Older Americans." December 15, 1980, prepared under contract for AoA.

I. THE ARTS AND HUMANITIES

A. PRESENT SITUATION

For the first time, a White house Conference on Aging is addressing the issue of quality of life, and exploring the role of arts and humantities in the lives of our elderly citizens.

This change reflects a general concensus that arts and humanities are integral to the quality of life for all ages. Arts and humanities not only provide recreation but also play a significant role in the physical, emotional and mental well-being of older Americans. They function as therapeutic and rehabilitative mechanisms and play a role in prolonging life. They also offer employment and volunteer options, new learning expe-

riences and the opportunity to open new avenues for personal growth and self expression. They also reinforce cultural and local heritage. Hearings conducted in February 1980 by the House Subcommittee on Human Services of the Select Committee on Aging reinforced the importance of considering the cultural needs of our nation's older adults. James T. Sykes, the Vice Chairman of the Federal Council on the Aging, urged that we "reassert the principle that older Americans have a right to participate in all aspects of life, including most assuredly the arts, not simply because they are old, and not simply because the arts will give older people something to do. But because the very essence of human life is enobled through the arts, for the young, the middle-aged, and most certainly for the elderly."1/

United States Representative Geraldine A. Ferraro, who also testified, stated: "Too often, we become so entrenched in our concern about the urgent and very real necessity of providing funds for the basics--housing, food, fuel--that we tend to forget that older Americans have important needs in the areas of educational, spiritual, and cultural enrichment. Making arts programs, both the visual and performing arts, available to senior citizens is in many ways as useful as making sure they receive adequate housing. Through these arts programs, senior citizens are given the opportunity to take part in one of our most vital and exciting activities in society the creation and enjoyment of a permanent cultural contribution."2/

The President's Commission for a National Agenda for the Eighties in its Report of 1980 recommends that "The national agenda for the 1980's must reflect a deep commitment to cultural activity, to artistic and scholarly accomplishments, to the realm of ideas, and the life of the spirit. Even in an era of austerity when there are severe limits on public sector spending, the arts and humanities--a hallmark of any high civilization--must not be compromised.3/

Special efforts will be needed to ensure participation of older Americans in this national commitment.

II. KEY ISSUES

A. Barriers to Cultural Activities

Within our American culture not only has the older population often been denigrated and relegated to a non-productive role in society, but the arts and humanities have been viewed as frills, as recreational activities with which to pass useless time.

This attitudinal barrier has resulted in the curtailment of use and participation by older adults in our nation's cultural heritage. It has created a situation in which the older populations of our nation are neither able to fully participate in the arts and humanities nor able to have equal access to cultural services.

And there are barriers other than attitudinal ones. The very institutions reponsible for bringing arts and humanities opportunities to the elderly sometimes, unknowingly, erect barriers to their participation. Events that are held at inconvenient times or in places not easily reached by public transportation defeat the purpose of accessibility. Using buildings with architectural barriers discourage participation by the handicapped or frail elderly. Then, too, without active outreach efforts, the full potential of the audience is never reached.

Sporadic funding and lack of continuity in programming further reduce audiences and make it difficult to establish and maintain contact with potential participants in arts programs and activities. Guidelines for most Federal, State, and local programs do not include "cultural services" as eligible for funding.

The Older Americans Act is a case in point. Under the statute there is no explicit provision that cultural services be made available to older adults. Jack Ossofsky, Executive Director of the National Council on the Aging, summarizes the situation: "In Title I of the Older Americans Act, Congress declared that "older people are entitled to the pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities. Yet, nowhere in the legislation are arts programs and services clearly identified as essential components of a comprehensive and coordinated service delivery system for older adults. Therefore, most practitioners in aging consider providing artistic activities, and recruiting artists to develop them, low on the list of priority concerns for the field." He goes on to say that, "I would like to add, that this is also reinforced by the funding pattern of the Administration on Aging and the priorities written into law, as well as in the regulations."4/

B. Integration of Arts and Humanities with Other Services

The basic question to pose in deciding on policy options is whether the arts and humanities should function as an integral component of our national life or whether they are to be relegated to a special and varied environment, a sanctity for the few. The answer to this question has policy implications for both the social services network and the arts and humanities field. The primary issues are access and quality. If we as a nation are to remain true to our ideals of democratic participation and equal access for all people to our nation's

resources, then it is not a question of either/or, but rather how can we achieve our goals in a time when government spending must be reduced.

The resolution lies in an approach that emphasizes an integration of systems, a consolidation and coordination of services, the utilization of existing resources, and the use of a decentralization model in promoting and maintaining independence. One must build on the strengths and resources of individuals, families, and communities in order to prevent or delay the loss of independence of elderly citizens. As one expert has stated: "Prevention is a strategy whose time has come, especially in regard to human services for adults. Logistically, we can no longer afford a service system that is only reactive in nature. The needs of tomorrow's senior adults, while decreasing in scope, will actually increase in the aggregate because of the population transformations under way."5/

Whatever services are needed to promote and maintain well-being would be included in a primary prevention program. Classes in all phases of adult life and self-health care, programs designed to strengthen adults' resources and coping skills, and efforts to enhance community life or to bring about environmental change would be components of such a program.

It is apparent that a corollary policy option is to integrate cultural services within the social service network in accordance with the concepts of a continuum of care model. Such a model would provide more equitable access to quality cultural services and the assurance of extending such services throughout the community to bring them within the reach of people who need them the most.

C. Employment Opportunities

Another issue impinging on access and quality is the ability of the older person to continue functioning as a professional artist, writer, humanist, or educator by being able to receive monetary compensation for his continued participation and contribution to our national life. This is especially important for these professionals as their best work is often done late in life.

It is incumbent that public policy encourages the private sector to create employment opportunities for artists, writers, humanists, in the cultural services programs offered at diverse community locations--from existing cultural and educational institutions, to senior citizen centers and institutional care facilities. This would provide not only increasing access to quality cultural activities within the community, but also create increasing opportunities for older adults to continue making their distinctive contributions to our society.

An existing barrier to this goal is the earnings limit in the Social Security Act. This statute mandates a reduction in benefits to those Social Security recipients whose earnings exceed defined limits. This creates a special hardship for artists and humanists whose creativity often blooms late. Theodore Bikel of the Department for Professional Employees, AFL-CIO and the President of Actor's Equity points out that, because of royalty and residual payments, for the artist, "yesterday's work, for which proper deductions and contributions were made to social security, militates today to diminish those fully earned benefits." The older artist, then is doubly penalized, for, "There is hardly a decent artist, writer, sculptor, actor, or musician who retires at 60 or even at 65," says Mr. Bikel. They are being penalized for their continued creative activity and contributions to our cultural heritage.6/

D. Minority Groups

Various racial and ethnic subgroups in our society need special consideration, as participation in cultural activities has special significance for all minorities and ethnic groups. "Many people whose cultural backgrounds often have not prepared them to cope with being placed in rest homes or senior citizens housing complexes will not participate in the programs provided for them by service agencies . . . . Yet these same people are willing and excited participants in our arts activities," observes Jose E. Montoya, about the arts programs for Hispanic-Americans he directs in California. "All Americans . . . who have a strong ethnic identification, the old age home, the retirement home can become a haven not only of nostalgia but of survival, if their ethnicity is safeguarded for them."7/ Because of historic disenfranchisement, black, Hispanic, Pan-Asian, Indian, and other cultural subgroups have often developed their own support structures, and cling strongly to their cultural heritage. If policymakers are truly interested in reaching minorities, ethnic heritage will have to be taken into account.

III. RECOMMENDATIONS

1. The Older Americans Act of 1965 must be amended to:

   a. clarify that funding of arts and cultural services is permissible as a social service under Title III;

   b. authorize demonstration projects to be carried out by the Administration on Aging which test innovative approaches to the enhancement of the quality of life through arts and humanities.

2. Funding should be increased for the employment of older adults in cultural activities under the Comprehensive Employment and Training Act and Title V of the Older Americans Act.

3. In order to improve both access to and quality of service for the elderly, cultural services should be integrated into the social service network. Private sector support also should be solicited to create additional cultural services, and to provide employment opportunities for elderly artists, actors, and writers. Cultural institutions should be urged to include both frail and independent older persons in arts programs and services. Oral histories stressing local and cultural heritage should be encouraged.

4. More older professional artists should be used in programs such as the Arts in the Schools Programs of the Department of Education.

5. Research should be funded to measure the impact that cultural activities have on the physical and mental well-being of older persons and their role in prolonging life.

BIBLIOGRAPHY

1. U.S. Congress, House, "The Arts and the Older Americans." Hearings by the Subcommittee on Human Services of the Select Committee on Aging, February 1980, pp. 64-66.

2. Ibid., p. 5.

3. A National Agenda for the Eighties: "Report of the President's Commission for a National Agenda for the Eighties, By William J. McGill, Chairman. Washington, D.C.: U.S. Government Printing Office, 1980, p.1

4. Ibid., "The Arts and the Older American," p. 61.

5. Ibid., p. 50.

6. Ibid., p. 25.

7. Ibid., "The Arts and the Older American,": pp. 28,36.

I. CREATIVE USE OF TIME

A. PRESENT SITUATION

Old age is, in truth, the last stage of the life cycle. Whether it is satisfying or discouraging is inextricably linked with opportunities for expanded leisure.

Every older American should have outlets for meaningful participation to maintain a continuing identity. These have become increasingly more difficult to obtain for many elderly persons whose involvements have narrowed, whose chances for meaningful roles have diminished, and whose choices for rewarding and satisfying experiences have been reduced for a variety of reasons--financial, psychological, social, mental and physical. The quality of leisure for these citizens may significantly condition the quality of their lives, if not their very survival. Their access to leisure resources may provide healthful, life-extending mental and physical stimulations, as well as esthetic rewards and creative expressions. Not only has the population of elderly Americans increased but so has leisure time. It was estimated that about 25 percent of the total national time was devoted to leisure in 1900 and about 34 percent in 1950. Projected estimates indicate that by the year 2000 about 39 percent of the total national time will be leisure time.

Leisure has been defined as time free from obligations. Since, by its very definition, leisure provides people with a choice of activity, leisure time programs must reflect the tastes, desires, and interests of the people. Senior citizens are not a homogeneous group. They reflect all the differences in background, life experiences, and personalities that are present in any other segment of the population. It is therefore important that the society offer varied opportunities for the use of expanded leisure time.

A growing number of gerontologists are attempting to shed light on the problems accompanying the aging process and to offer explanations, not only about what occurs, but how these problems can best be minimized. Two theories have been espoused: the theory of disengagement and the theory of activity. The theory of disengagement encourages the older person to disengage him/or herself from the binds of social and occupational responsibilities which are characteristic of middle-eaged life. Therefore, according to this theory, "there should be a severing of ties between a person and others in society, a reduction in ego energy, and a change in the quality of those ties that do remain." By reducing engagement with others, an older person can increase engagement with oneself-to become more like oneself. Such disengagement will, according to this theory, be accompained by an increasing sense of satisfaction and morale.1/

Exponents of the activity theory believe that without activity and use of physical and mental capacities, atrophy will eventually result. Also, boredom and confinement in an unchanging restricted environment quickly result in deterioration of behavior and increasing abnormal mental conditions.2/

Recent data seems to favor the activity over the disengagement theory.3/

II. KEY ISSUES

A. Need for Pre-Retirement Education

Retirement has been described as the exchanging of a work role for a leisure role. Although the changing of roles may appear at first to be relatively easy and satisfying, for many this change tends to be traumatic and incomplete. In the cases where transition is easy, retirement is positively anticipated and plans are made for the non-work years prior to the actual role change.4/

How and when individuals approach the concept of planning for this role change quite often determines how satisfying their retirement will be.

Research indicates that retirees who planned for retirement generally report higher levels of life satisifaction than those who did not.5/ Those likely to consider retirement and its implications are those who have a positive orientation toward leisure.6/

Surprisingly, numerous individuals make few or no plans for retirement prior to retiring.7/ In a pamphlet jointly published by the National Retired Teachers Association (NRTA), the American Association of Retired Persons (AARP), and Action for Independent Maturity (AIM), the claim is made that "some people spend more time planning a two-week vaction than planning what may be a two-decade long journey in retirement." The reasons for this failure to plan are numerous. Society's traditional emphasis on the work role and de-emphasis of the leisure role have caused individuals to define themselves primarily through work, viewing their jobs as personal statements of who they are. Leisure, on the other hand, has been assigned a less valued status, and any substantial involvement with leisure triggers a psychic sense of guilt. This combination of attitudes leads to the development of a resistance toward retirement--a period of time when leisure replaces work as the central theme of life. Resistant or negative attitudes, like other prejudices, are difficult to change and inhibit taking constructive action.

Closely associated with resistant attitudes toward retirement is the fear of loss--not only of work and of financial resources but of self esteem and social relationships formed at work. Many experts believe that it is not retirement that people fear, but the thought of growing old. The retirement event marks time and reminds the individual that he is in the later stage of life--a stage perceived by many as a time when loved ones are lost, health declines, relationships change, and the overall standard of living is lowered.

The curtailment of opportunities to work coupled with the high value placed by society on remaining independent reveals retirement as threatening, dramatically illustrating the need for pre-retirement education.

Many of those who plan for retirement are helped to do so through participating in pre-retirement education programs. The current overall status of such programs leaves something to be desired.8/ Criticisms have focused not only on the lack of programs but on the narrowness of program scope, 9/ content and delivery style.10/ One of the major criticisms appearing frequently in the literature concerns the commitment of the sponsor.11/

Although an increasing number of businesses are sponsoring pre-retirement assistance programs each year, many companies do not view them as their responsibility, nor do they view such programs as having a substantial value to their company.12/ The question of who has responsibility for sponsoring pre-retirement education programs has implications for leisure planning after retirement. Since neither the public nor private sector has definitively assumed responsibility for pre-retirement education, there is no clear-cut national policy concerning such education.

At the 1971 White House Conference on Aging, one of the recommendations addressed the issue of pre-retirement planning and education:

> "Recommendation 3. Society should adopt a policy of preparation for retirement, leisure and education for life off the job. The private and public sectors should adopt and expand prgrams to prepare persons to understand and benefit from the changes produced by retirement. Programs should be developed with government at all levels, education systems, religious institutions, recreation departments, business and labor to provide opportunities for the acquisition of the necessary attitudes, skills and knowledge to assure successful living. Retirement and leisure-time planning begin with the early years and continue through life."

The Federal government has not responded to this recommendation to offer comprehensive pre-retirement assistance nor have educational or religious institutions or recreation departments done so to any great degree. Most reported programs--and they are few--originate within the private sector. And the programs that do exist have been criticized for failure to deal with the issue of leisure.

B. Accessibility

The term "accessibility," when used in the context of recreational service, should include consideration for the way a recreational activity is performed, the way participation is experienced, and the requisite knowledge and skills that are part of the activity. Recreation skills and techniques serve the purpose, particularly for older persons, of enhancing social, emotional, and health needs. Recreation agencies can provide services that allow for learning new skills, for maintaining physical strength, for establishing or expanding social relationships, and for being of service to others. Historically, older Americans have been knowingly or otherwise excluded from participation in park and recreational services by both attitudinal and architectural barriers. Some of the attitudinal barriers have included the fear that the older individuals would "offend" or embarrass others, the belief that older Americans would not be able to benefit from (or would not require) participation in recreational and leisure pursuits, and the fear that older persons would harm themselves.

Improving the accessibility of recreational opportunities for the elderly and handicapped will largely depend on society's support, the personal motivation of those people who experience a handicap, and the insights of participants and recreational professionals.

And we cannot speak of accessibility without noting that lack of transportation is a formidable barrier to participation in programs no matter how good these programs may be. For most homebound, it would be desirable if recreational opportunities could be taken to them.

D. Expansion and Coordination of Programs and Facilities

Too often we are preoccupied with the problems of aging without paying attention to the opportunities we can provide for older citizens. For example, changes in legislation, particularly for Title III-C Nutrition Center programs, are leading to the establishment of what amounts to "soup kitchens", where formerly such centers provided a range of recreational educational, and social activities. It is important to provide at least one daily hot meal for seniors who cannot afford to purchase adequate food or who can no longer prepare food for themselves. It is, however, equally important to provide socialization.

The purpose and concern of the Congress in enacting the Older Americans Act of 1965 was to create additional opportunities, "meaningful activity within the widest range of civic, cultural, and recreational opportunities." At the same time, the Act called for "efficient community services which provide social assistance in a coordinated manner and which are readily available when needed."

E. Training

The need for qualified people to work with the aging and the aged is no less true for leisure activities than other programs. Staff do not always have degrees in recreation or therapeutic receation from accredited institutions, and even those who do often lack field work experience with the older segment of the population.

III. RECOMMENDATIONS

1. The Administration on Aging should encourage pre-retirement planning and education in order to impart the attitudes, skills, and knowledge necessary to ensure the successful transition to retirement life. These efforts should be complemented by the private sector.

2. Congress should appropriate funds under the Older Americans Act, Title XX and other relevant legislation for recreation and education programs that affect the well-being of the elderly.

3. Federal funding should be provided for recreation and education services in conjunction with nutrituion programs for the elderly under the Older Americans Act.

4. Library services should be made more accessible to the elderly. Special large-print books should be made available, and programs tailored to topics of interest to the elderly should be offered. Transportation to and from libraries should be provided. For the homebound, special distribution services (such as bookmobiles) should be provided.

5. Educational institutions with programs to train those who work with the elderly should reflect in their curricula the needs of older persons for continued education and recreational activities and opportunities. Funding for such programs should be the responsibility of government at the national, state and local levels.

6. A joint Federal effort involving the Department of Health and Human Services, the Department of Education, the

Department of the Interior, the National Recreation and Park Association, the National Council on Aging and the President's Council on Physical Fitness should encourage the establishment of physical fitness programs for the elderly, and establish standards and guidelines for recreational programs.

7. Programs in institutional and long-term care settings should be similar, as much as possible, to those operated for people outside institutions. Particularly in settings where people stay for a long time, contact with the outside community becomes important and, wherever possible, volunteers from the community should be recruited to assist professional staff.

BIBLIOGRAPHY

1. Henry, William E., "The Theory of Intrinsic Disengagement: Age With A Future." Proceedings of the Sixth International Congress of Gerontology. Edited by P. From Hansen. Philadelphia: F.A. Davis Co., 1964, pp. 415-418.

2. Stein, Thomas A., "The Need and Approach to Recreation Services With Older Persons." Therapeutic Recreation Journal Vol. 2(2) 1968, pp. 3-10.

3. Donahue, Wilma, "Rehabilitation of Long-Term Aged Patients." Processes of Aging. Edited by R. H. Williams, C. Tibbits and W. Donahue. New York: Atherton Press, 1963, pp. 541-564; Busse, Ewald W., "Social Forces Influencing the Care and Health of the Elderly," Aging and Social Policy, edited by J. C. McKinney and F.T. deVyver. New York: Appleton-Century-Crofts, 1966, pp. 260-280.

4. Strieb, G. and Schneider, C., Retirement In American Society. Ithaca, New York: Cornell University Press, 1971, pp. 329-333.

5. Ash, P., "Pre-Retirement Counseling ," Gerontologist, 6, 1966, pp. 97-127; Greene, M., "Pre-Retirement Counseling: Retirement Adjustment and the Older Employee." University of Oregon, 1969; Pyron, H.C. and Manion, U.V., "The Company, The Individual and the Decision to Retire." Journal of Industrial Gerontology, 4, 1970, pp. 1-26.

6. McPherson, B. and Guppy, N., "Pre-Retirement Life Style and the Degree of Planning for Retirement." Journal of [illegible]

7. Ibid.; Green.

8. Morrison, M., "The Myth of Employee Planning for Retirement." Industrial Gerontologist, 2(2), Spring, 1975, pp. 135-139; Prentis, R., "Who Helps the Retiree Retire?" Pension World, December 1975.

9. Siegal, S. and Rives, J., "Characteristics of Existing and Planned Pre-Retirement Programs." Aging and Work, V1(2), Spring 1978.

10. Reich, M., "Group Retirement Education Program: Whither The Proliferation?" Industrial Gerontology, 4(1), Winter, 1977.

11. Kalt, N. and Kohn, M. "Pre-Retirement Counseling: Characteristics of Programs and Preferences of Retirees." The Gerontologist, April 1975.

12. Prentis, Ibid.

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Retirement Income
Health Maintenance and Health Promotion
Health Services
Social and Health Aspects of Long Term Care
Family, Social Services and Other Support Systems
The Physical and Social Environment and Quality of Life
Older Americans as A Growing National Resource
Employment
Creating an Age Integrated Society: Implications for Societal Institutions
Creating an Age Integrated Society: Implications for the Economy
Creating an Age Integrated Society: Implications for the Educational Systems
Creating an Age Integrated Society: Implications for Spiritual Well-Being
Creating an Age Integrated Society: Implications for the Family
Creating an Age Integrated Society: Implications for the Media
Creating an Age Integrated Society: Implications for Governmental Structures
Research in Aging

Experts from various fields were appointed by the Secretary of Health and Human Services to serve on 16 Technical Committees, each charged with developing issues and recommendations in a particular area for consideration as background material for the delegates to the 1981 White House Conference on Aging.

the 1981
White House
Conference
on
Aging

Executive Summary of
Technical Committee
on the
PHYSICAL & SOCIAL ENVIRONMENT AND QUALITY OF LIFE

TCES-11

NOTE: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging, or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

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I. INTRODUCTION

Quality of life represents the intertwining of the physical, intellectual, social, emotional and spiritual well-being of an individual. It means having choices and the freedom to act upon them. Quality of life includes basic economic security, physical and mental well-being, and opportunity to preserve one's ethnic, cultural, and community heritage. It means having access to the living arrangements, the activities, and the services appropriate to one's needs and interests.

Quality of life presupposes satisfaction of a person's basic physical needs. A person who must struggle for adequate food, shelter, or the means to preserve health has no "quality". Neither does a person limited by the racial, ethnic, religious, or sex prejudices of others. Quality of life includes freedom from undue fear and stress.

Quality of life includes also independence and interdependence, preserving dignity and feelings of self worth. For older people, that means living in a society that sees them as full citizens, with both rights and responsibilities. Quality of life is their yardstick for living and for life satisfaction.

Quality of life rests on principles, values, and attitudes. However, problems of quality and their potential solutions are quite concrete. In investigating the quality of life of the elderly in this country, this Committee explored six critical areas--housing, transportation, crime, legal services, arts and humanities, and creative use of time.

Each area was explored to determine the quality of services currently provided; the access to and availablity of those services; the equity in obtaining those services; linkages with related programs; and the extent of participation by the elderly in both service planning and implementation.

As a result of this exploration, four threshold recommendations emerged:

1. The President should issue an executive order, to be followed by appropriate Congressional action, mandating a Quality of Life for the Elderly Impact Statement. This statement will require all Federal agencies to assess the impact of major policy, regulatory, and funding decisions on the quality of life of the elderly. In assessing this impact, planning and programs for economic security, physical and mental health, education, housing, transportation, crime, arts and humanities, legal services and the creative use of time shall be included, with special emphasis on the coordination and interrelationship among these elements. Similar requirements by state and local governments should be adopted.

2. Federal, state, and local governments, in making and implementing policy, regulatory, and funding decisions affecting the quality of life of the elderly, should give priority consideration to the interrelationship and the need for coordination among programs and provisions for economic security, physical and mental health, education, housing, transportation, crime, arts and humanities, legal services, and creative use of time. The major concern shall be with the total well-being of the older person. Responsibility for assuring this coordination should be clearly designated within each level of government.

3. The Age Discrimination Act of 1973 and its implementing regulations must be strictly enforced at national, state and local levels, in both public and private enterprise, throughout all societal institutions. The rights provided and remedies available under this statute and regulations should be publicized.

4. The private sector, particularly those businesses and organizations involved in housing, mortgage lending, and the media, should be made aware of and take into consideration the special needs of older people. Awareness should be fostered and promoted by all advocates of well-being for the upper age groups and should be incorporated into policies and practices of corporations and private-sector organizations at every level.

II. HOUSING

A. Findings and Issues

"Older people of our nation are entitled to suitable housing independently selected, designed and located with reference to their special needs, and available at cost they can afford." This quotation from the Older Americans Act of 1965 aptly summarizes the housing needs of our nation's elderly.

Most observers agree that, since 1965, progress has been made in achieving those goals. In recent years, several programs have been implemented specifically for the benefit of older

citizens, e.g., congregate housing services, weatherization, increases in federal housing subsidies, and improvements in housing design and related services to facilitate independent living.

One critical need that remains unmet, however, is expanded supply. It is currently estimated that some 200,000 new units per year are needed to house the increasing number of elderly. Further, more units that ever must be targeted to non-metropolitan locations, including rural areas, as recent data show that such areas are experiencing rapid growth in the absolute numbers of elderly households. Needs in the inner city continue to be critical and must be addressed. The magnitude of funds required to accomplish these production goals, coupled with current budgetary constraints at all levels of government, emphasize the need to encourage housing revitalization and preservation--a need highlighted by the fact that some twothirds of the nation's elderly live in their own homes. Income constraints, however, often prevent these homeowners from initiating necessary renovation work and meeting the rising expenses of home ownership, including energy costs and property taxes. Financial assistance must be provided to enable the elderly to maintain and retain their own homes.

For many older citizens, however, independent living is not an option. In such circumstance, it is important that choices exist which meet the particular needs of the individual. This means that funding and facilities must be available for foster homes, congregate living projects, and intermediate and skilled care nursing centers. Assistance should also be provided to families who have assumed the total care of elderly persons.

B. Recommendations

1. The President and the congress should declare a national goal of providing each year a minimum of 200,000 units of housing for the elderly, distributed as needed between metropolitan and non-metropolitan areas. To achieve this goal:

   a. The Department of Housing and Urban development, the Farmers Home Administration, the Department of Energy and other relevant executive departments should continue and increase their efforts--through such means as demonstration programs and technical assistance--to find ways of reducing the costs of producing and maintaining decent, safe and sanitary housing.

   b. Funding for the supply of new and rehabilitated housing serving the elderly should be maximized; set-asides of funds for general housing assistance programs should be reserved specifically for the needs of the elderly.

c. The Congress and relevant executive agencies should amend existing statutes and regulations to facilitate housing production for the elderly:

-- administering Section 202 of the National Housing Act of 1959 to permit limited-profit sponsors to act as developers.

-- providing greater flexibility for pension fund investment in housing development.

2. Government at every level should conduct a top-to-bottom review of all housing programs that serve the elderly to ensure that special needs are addressed. For example:

a. Federal housing programs serving the elderly should provide subsidies or allow higher mortgage limits to accommodate special design features which increase safety, facilitate independent living and conserve energy:

b. To the greatest extent possible, housing programs should encourage the inclusion of health and social services facilities within or in close proximity to the housing.

c. Site selection criteria should be reviewed to ensure that housing facilities are located in safe areas which provide access to adequate transportation, parking, health and social services, and shopping, recreational cultural and leisure time opportunities.

d. State and local legislatures should provide maximum property tax exemptions for housing for the elderly that offer protective services for residents.

e. The Congress should enact legislation to require states to establish adequate administrative structures through which the planning and funding sources for housing and housing-related services can be coordinated. For example, a single application form, to be completed at the local level, should be designed to meet all requirements for the approval of funds under various programs administered by HUD, FmHA and HHS.

Alternatively, communities could be required to submit a revised Housing Assistance Program (HAP) plan that would fulfill the planning requirements for Title XX of the Social Security Act, Title III of the Older Americans Act, and various HUD programs, which would be submitted to a single Federal agency. That agency would have responsibility for processing acceptable proposals through the Federal bureaucracy.

The funds would then flow to the local applicant community for physical housing construction and maintenance programs and for accompanying social service programs identified in the single-application plan.

3. Government at every level should seek to provide assistance to elderly homeowners to enable them to maintain and retain their homes. For example:

   a. The congress should amend Section 8 of the United States Housing Act of 1937 to make eligible for assistance elderly homeowners whose housing costs exceed 25 percent of the adjusted family income.

   b. The Congress and state legislatures should develop new and increased funding for existing programs which assist homeowners in meeting rising energy costs and for making needed repairs and improvements.

   c. State and local governments should be encouraged to provide "circuit breaker" tax relief; financial institutions should be encouraged to offer Life Tenancy Reverse Annuity Mortgages or other innovative financing alternatives.

4. To the greatest extent possible, the elderly should be provided choices where to live, allowing those who wish to remain in their neighborhoods to do so. This applies especially to elderly members of minority groups who wish to remain in ethnic neighorhoods, on reservations, or close to family members.

5. Programs under the Older Americans Act and Title XX of the Social Security Act should be encouraged to assist families in providing housing for older members in the families' homes. Such programs should include financial aid for low-income families and property tax exemptions and respite care for all families, particularly when the elderly are frail and require continous care and supervision.

III. TRANSPORTATION

A. Findings and Issues

For the elderly, a lack of adequate public and private transportation means a denial of access to goods and services both needed and desired. It can mean, for some, isolation from daily social and economic activity.

Over the past decade, this concern has led to substantial improvements in existing facilities, initiation of new services,

and major legislative changes--all specifically designed to meet the needs for both greater mobility and better accessibility. In fiscal year 1979, for instance, it was estimated that at least $820 million was expended in transportation services for the elderly. Most of the funds were provided for conventional public transit and the remainder for special systems, typically in the form of dial-a-ride or demand-responsive systems; taxi systems, usually operating with some form of reduced or subsidized rates; and a range of volunteer-based programs, often operated by private, nonprofit providers.

The most significant legislative achievements have been passage of Section 16 of the Urban Mass Transportation Act of 1970 and enactment of Section 504 of the Rehabilitation Act of 1973. The former requires that "special efforts" be made to assure that the elderly and handicapped have the same rights and access to Federally-funded mass transit facilities as other individuals; the latter prohibits discrimination against the elderly and the handicapped with regard to transportation services receiving Federal assistance.

As the decade of the eighties begins, new issues have arisen. Foremost, inflation and rising energy costs have made purchase and maintenance of equipment and services increasingly difficult. Only greater funding and more efficient use of resources will prevent deterioration in service delivery.

Inflation has impacted heavily on the ability of the elderly to afford rapidly rising fares, despite U.S. Department of Transportation mandates requiring half-price fares for the elderly during off-peak hours on federally-financed transit systems. Further, as more elderly men and women remain in the labor force for longer periods, the demand for mobility to and from the workplace will increase. In addition, as the non-metropolitan elderly population rises, increased funding as well as improved planning will be required to meet transportation needs in non-metropolitan areas. Lack of funds also prevents the hiring of sufficient, skilled personnel to supervise programs and operate equipment. Service providers have identified a number of problems with vehicle design and maintenance. The primary vehicle type is the van (mini-bus), modified to provide accessibility. It is generally agreed that the van is not strong enough to withstand rigorous daily use.

Lastly, little care has been directed to the needs and concerns of the elderly as pedestrians and as drivers. Road markings and street signs are often difficult to read; the renewal of drivers' licenses is often based on age rather than on ability to drive.

B. Recommendations

1. The President and the Congress should declare a national goal of providing adequate, accessible and affordable

transportation services for all elderly citizens. To achieve this goal:

a. The Congress should appropriate maximum funds under the relevant portions of the Urban Mass Transportation Act, the Older Americans Act, the Social Security Act and the Surface Transportation Act.

b. Area planning agencies and organizations should be encouraged to consider transportation services as a priority funding category.

c. Applicable laws and regulations should be revised and amended, where appropriate, to increase flexibility in the use of transportation funds at the state and local levels to accommodate varying needs and situations. Such accommodation may involve increased use of demand-responsive systems, better coordination between public transportation and demand-responsive systems or more intensive upgrading of public systems.

d. Final regulations by the U.S. Department of Transportation implementing Section 504 of the Rehabilitation Act of 1973 should allow the opportunity for local flexibility in meeting statutory requirements.

e. Localities should be encouraged to offer greater fare relief for the elderly than is currently mandated by the Urban Mass Transportation Act.

2. The congress and state legislatures should act to improve the design and delivery of transportation services for the elderly. For example:

a. The Urban Mass Transportation Administration should monitor more closely and continuously, compliance with Section 16 of the 1970 Urban Mass Transportation Act.

b. The U.S. Department of Transportation should develop standardized van specifications and improved design criteria.

c. The Administration on Aging, in conjunction with the Department of Transportation, should provide training programs and technical assistance for Area Agencies and their associated providers which emphasize the key elements of planning and operating transportation services for the elderly. Special priority should be given to rural transportation needs, as well as to providers which serve non-English-speaking elderly and the physically impaired.

d. The Administration on Aging, the U.S. Department of Transportation and HHS program officials for Social

Security Act Title XX should jointly develop a single uniform reporting form covering the information required by all agencies providing transportation services. Any additional information that is uniquely required by an agency could then be covered in a supplemental attachment to the main form.

3. Volunteer services to provide needed transportation for the elderly should be encouraged. For example:

   a. The Congress should amend the Internal Revenue Code to permit mileage deductions for such volunteers, to be equivalent to mileage deductions for business travel.

   b. State insurance commissioners, working with the insurance industry, should facilitate insurance coverage for volunteer drivers.

4. State motor vehicle departments should base drivers' license renewals for the elderly on ability to drive, not upon age.

5. State and local laws affecting pedstrian safety should be more vigorously enforced. Street and road markings should be employed to facilitate the needs of the elderly pedestrian and driver.

6. Vehicle drivers must be trained to sensitize them to the elderly with special needs. Those with special needs include persons who are physically impaired and those of minority language groups who may have difficuly with English oral or written directions.

IV. CRIME AGAINST THE ELDERLY

A. Findings and Issues

Approximately one million eldelry were victimized by crime during the year 1980. Given their particular vulnerability, the elderly are unusually susceptible to becoming victims for criminals, particularly for such crimes as purse snatching, pickpocket robbery, fraud and confidence games.

Since 14 percent of the elderly are home bound, they are also frequent targets of residential burglary. Long-term care and other institutional facilities give rise to both physical abuse and exploitation.

For many elderly, fear of crime can be as terrifying as the act of crime itself. This fear on the part of the elderly can become obsessive and result in self-isolation or in changing

one's pattern of living to minimize the risk of victimization.

Crime control is primarily a local responsibility. While state and national governments can offer some assistance--financing, leadership, manpower--to reduce and curb crime, local officials, schools, churches, families, and private individuals must activate specific anti-crime strategies. These can range from self-help programs where the elderly themselves are trained in crime prevention procedures to special police patrols at buildings and sites frequented by the elderly. Security devices installed in housing for the elderly can make their residences safer.

B. Recommendations

1. Local governments must initiate and implement anti-crime strategies to increase the safety of all citizens, regardless of age. Federal, state and local governments should provide assistance where appropriate. Examples of such strategies include:

   a. Local community programs incorporating the concepts of "neighborhood watch", property identification, special police patrols and media campaigns.

   b. Promotion of working relationships between police boards and precincts and community groups serving the elderly.

2. Local and regional area aging agencies, in cooperation with police departments, should establish information programs to increase understanding of the crime problems faced by the elderly and describe actions that can be undertaken to mitigate them. For example, the elderly should be taught how to avoid street crimes, burglar-proof their homes, and be sensitive to fraud and bunco schemes. Also, educational programs should be developed to sensitize judges, prosecutors, probation and parole officers, local police and other law enforcement officers to the needs, concerns and feelings of older persons.

3. States should be encouraged to provide assistance and compensation to crime victims.

4. Increased emphasis should be directed to the Ombudsman program in long-term care facilities authorized by the Older Americans Act.

5. State and local agencies should be encouraged to collect detailed and uniform crime statistics that include victim age, locations of crime, time committed, and frequency of that crime, with reference to the national Senior Citizens Crime Index.

6. Needs assessments, required for funding of programs under the Older Americans Act, should mandate information on crime and programs of prevention.

V. LEGAL SERVICES

A. Findings and Issues

The term "equal justice" under law applies to all citizens, regardless of age. For the elderly, legal services take on an added dimension for it is a primary vehicle by which the equitable and efficient delivery of services is ensured. Consequently, legal services can be considered a gateway to improving quality of life.

The legal needs of the elderly are diverse. They range from simple probate proceedings, to dealing with government agencies regarding benefits, to issues involving discrimination under the Age Discrimination Act of 1975.

Legal services are made available to older Americans from three principal sources: the private bar, the Legal Services Corporation (LSC), and the Administration on Aging (AoA).

The number of elderly receiving legal assistance today is at least twice that of only three years ago. Numerous state bar associations have launched programs specifically designed to address the legal needs of older persons; the AoA and the LSC have entered into a cooperative agreement to increase the quality and scope of legal services available to the elderly.

Despite this very positive trend, less than 10 percent of the legal needs of our country's 25 million elderly are being met. The reasons for this fall into two categories: First, there are an inadequate number of attorneys accessible to meet the legal service needs of the elderly. Because the organized private bar is still the core of the American legal system (only a small fraction of the 530,000 practicing attorneys in the United States work for public legal service programs), more of its resources need to be tapped on behalf of the elderly.

Second, the elderly themselves are frequently fearful of a system they do not understand and often cannot afford. Further, after initial contact with an attorney, the older person may find himself in a system that is complex, confusing and fraught with delay. Sometimes physical access is the greatest impediment. This can be especially true for those confined to long-term care institutions.

B. Recommendations

1. The Legal Services Corporation Act and the Older Americans

Act should be reauthorized in 1981. Strong advocacy support should be brought to bear. In connection with the authorization of these statutes:

a. Title III of the Older Americans Act should be amended to define legal services as a mandated priority in the provision of social services.

b. A mechanism for assessing the adequacy of services for the elderly provided by the Legal Services Corporation should be authorized.

c. Through these statutes and other means, efforts should be undertaken to educate the elderly as to when legal services are appropriate and where such services can be obtained.

2. Legal services must be provided for the elderly, delivered at an affordable price, meeting high standards of quality, and representing diversified services from both private and public bars.

a. Additional funding should be earmarked for this purpose by the LSC and the AoA.

b. Federal, state and local bar associations should be encouraged to expand their emphasis on pro-bono activities, ensuring that the special needs of the low-income elderly are addressed.

c. Other means of providing services to elderly citizens unable to afford counsel should be explored, such as privately or partially-subsidized insurance plans, appropriate use of qualified lay advocates and law school students. Attorneys and lay advocates providing legal services for the elderly must be properly trained and sensitized to the needs of older persons, particularly those of low income and minority groups.

3. The study initiated by the Federal Trade Commission focusing on the impediments to the provision of affordable legal services to the elderly and others should be expeditiously completed and its recommendations implemented.

4. An evaluation (conducted by the Department of Justice, the Federal Judicial Center, the American Bar Association or a private foundation) should be conducted to determine the extent to which the structure and operation of this country's court systems adequately serve older Americans. Such matters as accelerated docketing when the elderly are involved, probate and small claims procedures, and guardianship should be among the subjects examined. Mechanisms for dispute resolution outside of court--already being used successfully in certain areas--should also be considered.

5. States should be encouraged to provide free guardianship services for the elderly who cannot otherwise afford to be cognizant of their need for legal representation. The effectiveness of these guardianship laws should be monitored by either the states or local bar associations.

6. The laws governing divorce should be revised to consider visitation rights of grandparents and great-grandparents.

VI. ARTS AND HUMANITIES

A. Findings and Issues

There is now a general concensus that arts and humanities are integral to the quality of life for all ages. Arts and humanities not only provide recreation, but also play a significant role in the physical, emotional and mental well-being of older Americans. They function as therapeutic and rehabilitative mechanisms and play a role in prolonging life. They offer employment and volunteer options, new learning experiences and the opportunity to open new avenues for personal growth and self-expression. They also reinforce cultural and local heritage.

B. Recommendations

1. The Older Americans Act of 1965 must be amended to:

   a. Clarify that funding of arts and cultural services is permissible as a social service under Title III.

   b. Authorize demonstration projects to be carried out by the Administration on Aging which test innovative approaches to the enhancement of the quality of life through arts and humanities.

2. Funding should be increased for the employment of older adults in cultural activities under the Comprehensive Employment and Training Act and Title V of the Older Americans Act.

3. In order to improve both access to and quality of service for the elderly, cultural services should be integrated into the social service network. Private sector support also should be solicited to create additional cultural services and to provide employment opportunities for elderly artists, actors and writers. Cultural institutions should be urged to include both frail and independent older persons in arts programs and services. Oral histories stressing local and cultural heritage should

be encouraged.

4. More older professional artists should be used in programs such as the Arts in the Schools Program of the Department of Education.

5. Research should be funded to measure the impact that cultural activities have on the physical and mental well-being of older persons and their role in prolonging life.

VII. CREATIVE USE OF TIME

A. Findings and Issues

The self-image of an older person in retirement often depends on opportunities to maintain health and economic security and to find meaningful experiences in new-found leisure time. Quality of life may well depend upon quality of leisure.

For many retirees, easing into a leisure-filled lifestyle is not a simple matter. The role change can be difficult, perhaps traumatic. Increasingly, research indicates that those who plan ahead for retirement experience a more satisfactory transition than those who do not; as a result pre-retirement education programs have become viewed as essential to preparing individuals for retirement. Neither the public nor private sector, however, has assumed responsibility for this type of education, despite the increasing focus on this need.

Moreover, access to recreation activities is not always available. One is often excluded by both attitudinal and architectural barriers. Both types of impediments must be eliminated.

Although recreation needs may differ by individual, certain common benefits are obtained from them by all participants. They include the opportunity to learn new skills, provide peer group relationships, assist in maintaining physical and mental health, and increase cultural enrichment.

It is important to note that leisure activities should not be restricted to only those elderly who are capable of independent living. Programs should also be provided in institutional and long-term care settings, with adjustments to accommodate the physical limitations of the individual.

B. Recommendations

1. The Administration on Aging should encourage pre-retirement planning and education in order to impart the attitudes, skills, and knowledge necessary to ensure the successful transition to retirement life. These efforts should be complemented by the private sector.

2. Congress should appropriate funds under the Older Americans Act, Title XX and other relevant authorities for recreation and education programs that affect the well-being of the elderly.

3. Federal funding should be provided for recreation and education services in conjunction with nutrition programs for the elderly under the Older Americans Act.

4. Library services should be made more accessible to the elderly. Special large-print books should be made available and programs tailored to topics of interest to the elderly should be offered. Transportation to and from libraries should be provided. For the homebound, special distribution services (such as bookmobiles) should be available.

5. Educational institutions with programs to train those who work with the elderly should consider in their curricula the needs of older persons for continued education and recreational activities and opportunities. Funding for such programs should be the responsibility of government at the national, state and local levels.

6. A joint Federal effort involving the Department of Health and Human Services, the Department of Education, the Department of the Interior, the National Recreation and Park Association, the National Council on Aging and the Presidents Council on Physical Fitness should encourage the establishment of physical fitness programs for the elderly, and establish standards and guidelines for recreational programs.

7. Programs in institutional and long-term care settings should be similar, as much as possible, to those operated for people outside institutions. Particularly in settings where people stay for a long time, contact with the outside community becomes important and, wherever possible, volunteers from the community should be recruited to assist professional staff.

The following Technical Committee Summaries have been published:

Retirement Income
Health Maintenance and Health Promotion
Health Services
Social and Health Aspects of Long Term Care
Family, Social Services and Other Support Systems
The Physical and Social Environment and Quality of Life
Older Americans as A Growing National Resource
Employment
Creating an Age Integrated Society: Implications for Societal Institutions
Creating an Age Integrated Society: Implications for the Economy
Creating an Age Integrated Society: Implications for the Educational Systems
Creating an Age Integrated Society: Implications for Spiritual Well-Being
Creating an Age Integrated Society: Implications for the Family
Creating an Age Integrated Society: Implications for the Media
Creating an Age Integrated Society: Implications for Governmental Structures
Research in Aging

Experts from various fields were appointed by the Secretary of Health and Human Services to serve on 16 Technical Committees, each charged with developing issues and recommendations in a particular area for consideration as background material for the delegates to the 1981 White House Conference on Aging.